



**2017 PRESCRIPTION MEDICATION INSTRUCTIONS**

(completed by prescriber)

Prescription medication cannot be administered to a student until Health Services receives a completed and signed copy of this form. Medication must be in its original container, labeled by the pharmacy as prescribed by the prescriber. All regularly scheduled medications must be listed here and on the Emergency Information & Permission to Treat Form, so that, in the event of an emergency, the treating physician is aware of all medications. Please fill out instructions for each medication ordered. The Putney School requires a new form to be submitted each time there is a change in the medication, dosage, or administration.

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Epi-pen: Yes No Inhaler: Yes No

Allergies: \_\_\_\_\_ NKDA

Medication/Dosage	Directions	Reason for taking

Physician Name (print please): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

