



2018 PRESCRIPTION MEDICATION INSTRUCTIONS

Prescription medications 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 medication, dosage, or administration.

Student Name: _____ Today's Date: _____

Date of Birth: _____ Epi-pen: Yes No Inhaler: Yes No

Allergies: _____ NKDA

Medication & Dosage	Frequency & Instructions	Reason for Taking

Physician Name: _____

Physician Signature: _____

Phone: _____ Email: _____