

The Putney School SUMMER ARTS

418 Houghton Brook Road • Putney, VT • 05346

summernurse@putneyschool.org • (802) 387-6221 • f (802) 387-6228

2019 PRESCRIPTION MEDICATION ORDER FORM

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: _____ **Date of Birth:** _____

Epi-pen: Yes No. **Inhaler:** Yes No

Allergies: _____ **NKDA**

Medication Name & Dose	Frequency, Route, Time of administration & Instructions	Reason for Taking

Physician Name: _____ **Today's Date:** _____

Physician Signature: _____

Phone: _____ **Email:** _____