

Medication Order for School

In compliance with the Pennsylvania School Health Law, **all medications (prescription and over-the-counter) to be given in the school setting must now be accompanied by a physician's order (signature.)** Please include decongestants, inhalers, EPIPENS, and all other medications which may be needed during the school day. Form not required for Tylenol and ibuprofen.

Student Name _____ Homeroom _____

Name of Medication (1) _____ Route, Dosage, Frequency _____

Name of Medication (2) _____ Route, Dosage, Frequency _____

Name of Medication (3) _____ Route, Dosage, Frequency _____

Name of Licensed Prescriber (or stamp) _____ Phone Number _____

Signature of Licensed Prescriber _____ Date _____

Signature of Parent _____ Date _____