

East Kingston School

James Eaves, Principal

5 Andrews Lane
East Kingston, New Hampshire 03827
(603) 642-3511

Laura Conant, R.N.

PHYSICIAN'S REQUEST FOR MEDICATION ADMINISTRATION

Student's Name: _____

Medication: _____

Route of Administration: _____

Dosage of Medication: _____

Frequency or Time Schedule: _____

Adverse Reactions or Side Effects: _____

Diagnosis: _____

Specific information you feel would be beneficial to the school: _____

Signature of Physician

Date

Address

Telephone Number