

Main Street School

Paul Ford, Principal

Main Street
Exeter, New Hampshire 03833
(603) 775-8948

Beth Brown, R.N.
Maureen Schneider, Asst.

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