

Stratham Memorial School

Tom Fosher, Principal

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Stratham, New Hampshire 03885
(603) 772-5413
Health Office Ext. 106

Judy Lewis, R.N.
Jeanine Gallant, R.N.
Jennifer Kneeland, LPN

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