Needham Public Schools Health Services Physician's Authorization for Dispensing Medication

Student Name:		Diagnos	_		
Physician/Licensed Prescriber's Nar	me				_
Address:					_
I request that my patient receive the	following n	nedication:			
Medication:	_Dosage	Route	Frequency	Time to take	
Medication:	_Dosage	Route	Frequency	Time to take	
Medication:	_Dosage	Route	Frequency	Time to take	
Medication:	_Dosage	Route	Frequency	Time to take	
Possible side effects of medication(s	s)				_
Special Instructions:					
Duration of order(s)					_
Please note in relation to off school skills and/or the administration of "a However, due to a State waiver, the injectors to students who have a preseptine phrine auto injector, is having services will be called.	ns needed" r nurse is per scription. If	nedications mitted to tra there is a s	such as, but no ain staff in the a suspicion that a	t limited to, Benad dministration of E student, who has b	ryl or Albuterol. pinephrine auto een prescribed an
For middle and high school studer	nts and at t	he nurse's	discretion:		
Does the student have permission to addition to having a supply in the he				e auto injector/pand	creatic enzymes in
Physician/Licensed Provider Signs	ature			Date	_
Needham Public Schools Broadmeadow Elementary School		alth Office 31)455-044		1 0	Fax: 33-298-1217
Eliot Elementary School	`	31)455-0452			33-296-7390
Mitchell Elementary School	,	31)455-046 31)455-046			33-296-7388
Newman Elementary School	,	31)455-046 31)455-046			333-296-7391
Sunita Williams Elementary School	,	31)455-046			333-296-7389
High Rock School	,	31)455-045:			333.296.7393
Pollard Middle School	,	*	0 x 33238, 3323		333.296.7392
Needham High School	,	· ·	0 x22137,22138		333-298-1218