CHRIST SCHOOL

AN EPISCOPAL SCHOOL FOR BOYS

PHYSICIAN REQUEST FOR MEDICATION ADMINISTRATION

All prescription medications require a physician's order and signature.
Medication changes (including discontinuance) require a written order from the physician.
(Please use this form for all new orders and changes.

Student Name (Please Print): _____Date of Birth: _____

Physician Name (Please Print): _____

Physician Phone Number: _____ Fax Number: _____

Physician's Address: _____

Allergies: _____ Diagnosis: _____

Labs Required? _____ Monthly Weight Checks Required? _____

TO BE COMPLETED BY PRESCRIBING MD

(Please check one)

Medication	Dose	Times to Be Taken	Daily	School Days Only	PRN

Date of Last Physician Visit: _____ Follow-up Date: _____

Physician Signature: _____Date: _____

Christ School Wellness Center
500 Christ School Road
Arden, North Carolina 28704-9914
Phone: 828-684-6232 ext.139 Fax: 828-684-7219
Email: nurse@christschool.org