Fairview Pediatrics, LLC

1176 Memorial Drive, Chicopee, MA 01020 Ph: (413)593-1333 Fax: (413)593-1444 Web: www.fairviewpeds.com
James Bell M.D. Hanna Awkal M.D. Thomas Wadzinski, MD, PhD. Erica Madara MSN, FNP-BC

MEDICATION ORDER

To be completed by a Licensed Prescriber

Student's Name: _____ **Date of Birth:** _____

Diagnosis:* _____

Medication: _____

Route of Administration: _____ **Dosage:** _____

Time(s) of Administration: _____

(Please Note: Whenever possible, medication should be scheduled at times other than school hours.)

Duration of Treatment: _____

Special side effects, contraindications, or possible adverse reactions to be observed: _____

_____

Consent for self administration: **Yes** ☐ **No** ☐
(provided the school nurse determines it is safe & appropriate)

Can medication be administered on half-days and field trips? **Yes** ☐ **No** ☐

Signature of Licensed Prescriber: _____

Address of Provider: _____

Date of Order: _____ **Discontinuation Date:** _____

*** If not in violation of confidentiality**