

Exeter High School SAU16

Physician's Request for Medication Administration

James Tremblay, Principal

603-775-8435
FAX 603-775-8480

Margaret Lavery, RN
Rose Love, RN

Student: _____

Medication: _____

Route of Administration: _____

Dosage: _____

Frequency: _____ Time: _____

Adverse reactions or side effects:

Diagnosis: _____

Special information you feel would be beneficial to the School Health Office:

Physician's Signature

Date: \ \

Phone _____