

# Swasey Central School

Joan Ostrowski, Principal

355 Middle Road  
Brentwood, New Hampshire 03833  
(603) 642-3487

Barbara Heatherton, R.N.

---

## 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