School Medication Form

Westwood-Mansfield Pediatrics
Boston Children's
Primary Care Alliance

Westwood 781-326-7700
Mansfield 508-339-9944
Easton 508 535-5535

wmpeds.com

To be completed by Physician

Is it necessary for the following medication to be given during school hours?

❍ Yes ❍ No

Name of Student: _____

Address: _____ Apt #: _____

City: _____State: _____

Zip: _____

School/Grade: _____

Medication: _____

Route of admin: _____

Dosage: _____

Frequency: _____

Times: _____

Start date: _____

Stop date: _____

Special instructions: _____

_____

_____

_____

_____

_____

Possible side effects:

_____

_____

_____

_____

Diagnosis (If not in violation of confidentiality):

_____

_____

_____

Comments: _____

_____

_____

_____

_____

_____

Physician signature:

_____

Date: _____