

Newfields Elementary School

9 Piscassic Road

Newfields, New Hampshire 03856

(603) 772-5555

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