

**MASON**  
PREPARATORY SCHOOL



**Prescription Medication Form**  
*(to be completed by Legal Prescriber)*

Please note: Prescription medication must be in the original container; your pharmacist should supply you with two bottles if requested at the time the prescription is filled. No prescription medication will be administered unless this form has been provided to Mason Prep.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name(s) of medication(s) \_\_\_\_\_

Dosage \_\_\_\_\_

Route of administration \_\_\_\_\_

Time(s) to be administered \_\_\_\_\_

Possible side effects of medication \_\_\_\_\_

Expected duration \_\_\_\_\_

Specific instructions \_\_\_\_\_

OTHER MEDICATIONS STUDENT IS TAKING \_\_\_\_\_

\_\_\_\_\_  
Legal Prescriber (print name/title)

\_\_\_\_\_  
Signature of Legal Prescriber

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number