



Prescription Medication Form
(to be completed by Legal Prescriber)
2019-2020

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

Please contact Nurse Duffy with any questions.
duffy@masonprep.org | 843.723.0664 | 843.723.1104 (fax)