



FOXBOROUGH PUBLIC SCHOOLS

Foxborough, Massachusetts 02035

Mrs. Danielle Morrissey
Principal

Vincent M. Igo Elementary School: 70 Carpenter Street
TEL: (508) 543-1684 FAX: (508) 543-1695

Medication Order to be Completed by a Licensed Prescriber

(This form will only support ONE medication per page. Please feel free to make copies!!!)

Student's Name: _____ D.O.B. _____

Address: _____ Grade: _____

Name and title of the licensed prescriber (Please print): _____

Business telephone #: _____ Fax #: _____

Emergency telephone #: _____

Medication: _____ Dosage: _____ Route: _____

Frequency: _____ Time of administration: _____

Specific directions or information for administration: _____

Date of Order: _____ Discontinuation Order: _____

Diagnosis: _____

* Consent for self-administration, providing the school nurse determines it is safe and appropriate:
Yes _____ No _____

* May this medication be held on field trip days with parental consent: Yes _____ No _____

Any other medical conditions: _____

Optional Information:

1. Side effects, contraindications, or possible adverse reactions to be observed: _____

2. Other medications taken by the student: _____

Signature of Licensed Prescriber: _____

Date: _____

Committed to Excellence

Foxborough Public Schools do not discriminate on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation or disability.