



Global Learning Charter Public School

190 Ashley Boulevard, New Bedford, Massachusetts 02746
Phone: 508.991.4105 • Fax: 508.991.4110 • www.glcps.org

MEDICATION ORDER

(To be completed by a licensed prescriber.)

Name of Student _____ Date of Birth _____

Address _____
(street) (city/town)

Name of Licensed Prescriber _____ Title _____

Business Phone _____ Emergency Phone _____

Medication _____

Route of Administration _____ **Dosage** _____

Frequency _____ **Time(s) of Administration** _____

(Please note: Whenever possible, medication should be scheduled at times other than school hours.)

Specific directions or information for administration _____

Date of Order _____ Discontinuation Date _____

Diagnosis* _____

Any other medical condition(s) _____

Optional Information

1. Special side effects, contraindications, or possible adverse reactions to be observed _____

2. Other medication being taken by the student _____

3. The date of the next scheduled visit or when advised to return to prescribe _____

4. Consent for self administration (provided the school nurse determines it is safe and appropriate).

Yes _____ No _____

Signature of Licensed Prescriber _____

**If not in violation of confidentiality*

The Global Learning Charter Public School does not discriminate on the basis of race, color, age, sex, religion, national origin, limited English proficiency, disability, veteran status, marital status, gender identity, sexual orientation or housing status.