



300 Longwood Avenue, Boston, Massachusetts 02115  
617-355-6000  
www.childrenshospital.org

**Medication Order**  
(to be completed by a Licensed Prescriber  
Physician, Nurse Practitioner or other authorized by Chapter 94C)

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_  
(street) (city/town)

Name of Licensed Prescriber \_\_\_\_\_ Title \_\_\_\_\_

Business Telephone No. 617-355-6117 Emergency Telephone No. Allergist on Call  
617-355-6369

Medication Albuterol MDI

Route of administration Via Spacer Device  Aerochamber with mask  
 Inspirease  
 Aerochamber

Dosage 2 Puffs Frequency Every 4-6 hours

Time(s) of Administration PRN: Wheezing, Coughing, Chest Tightness, Shortness of  
Breath

Specific directions or information for administration: \_\_\_\_\_

Date of Order \_\_\_\_\_ Discontinuation Date \_\_\_\_\_

Diagnosis\* \_\_\_\_\_

Any other medical condition(s)\* \_\_\_\_\_  
(\*if not in violation of confidentiality)

Please administer as prescribed

\_\_\_\_\_  
Signature of Licensed Prescriber

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