



# Children's Hospital Boston

A teaching affiliate of Harvard Medical School

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 \_\_\_\_\_

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

Frequency \_\_\_\_\_ Time(s) of Administration \_\_\_\_\_

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

The *first* place for children