STATE OF LOUISIANA

MEDICATION ORDER

TO BE COMPLETED BY LA, TX, AR, OR MS LICENSED PRESCRIBER

(In most instances, medications will be administered by unlicensed personnel.)

Student's	s Name Birthdate
ocnool _	Grade
Parent o	r Legal Guardian Name (print):
Parent o	r Legal Guardian Signature: Date:
	note: A parental/legal guardian consent form must also be filled out. Obtain from the school nurse.)
	LICENSED PRESCRIBER TO COMPLETE.
1. 2.	Relevant Diagnosis(es):
3.	Medication:
4.	Medication: Dosage (amount to be given):
-T.	Check Route: ☐ By mouth ☐ By inhalation ☐ Other
	Frequency Time of each dose
	School medication orders shall be limited to medication that cannot be administered before or after
	school hours. Special circumstances must be approved by school nurse.
5.	Duration of medication order: ☐ Until end of school term ☐ Other
6.	Desired Effect:
7.	Possible side-effects of medication:
8.	Any contraindications for administering medication:
O.	
9.	Other medications being taken by student when not at school:
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	Other medications being taken by student when not at school:
9. 10.	Other medications being taken by student when not at school: Next visit is:
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9. 10. rescribe	Other medications being taken by student when not at school: Next visit is: r's Name (Printed) Address Phone and Fax Numbers
9. 10. Prescribe Prescribe Each medication written.	Other medications being taken by student when not at school: Next visit is: r's Name (Printed) Address Phone and Fax Numbers r's Signature Credential (i.e., MD, NP, DDS) Date Cation order must be written on a separate order form. Any future changes in directions for medication ordered require new as orders. Orders sent by fax are acceptable. Legibility may require mailing original to the school. Orders to discontinue also must be sent as a company of the school.
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