## Needham Public Schools Health Services Physician's Authorization for Dispensing Medication

Physician/Licensed Subscriber's N	ame:			
Address:				
Student Name	ameDiagnosis			
I request that my patient receives the	e following m	nedication:		
Medication:	Dosage	Route	Frequency	Time to take:
Medication:	Dosage	Route	Frequency	Time to take:
Medication:	Dosage	Route	Frequency	Time to take:
Medication:	Dosage	Route	Frequency	Time to take:
Possible side effects of medication	(s)			
Special Instructions:				
Duration of order(s)				
Please note in relation to off school assessment skills and/or the admir Albuterol. However, due to a State vauto injectors to children who have an Epinephrine auto injector is having services will be called.	nistration of " vaiver, the nu a prescriptio	'as needed" medi urse is permitted i n. If there is a qu	ications such as, bu to train staff in the a estion that a studen	it not limited to, Benadryl or dministration of Epinephrine t, who has been prescribed
For Middle and High School studen	its and at the	e nurse's discret	ion:	
Does the student have permission addition to having a supply in the He				ctor/pancreatic enzymes in
Physician/Licensed Provider Signat	ure		Date	<u> </u>
Needham Public Schools	Hea	alth Office Phone:		Fax
Broadmeadow Elementary School	(78 <sup>-</sup>	1)455-0448 x 309		(781)453-2512
Eliot Elementary School	(78	1)455-0452 x 341		(781)453-5603
Hillside Elementary School	(78	1)455-0461 x 228		(781)453-5605
Mitchell Elementary School	(78	1)455-0870		(781)453-5606
Newman Elementary School	(78 <sup>-</sup>	1)455-0416 x 379		(781)453-5607
High Rock School	(78	1)455-0455 x 258		(781)455-0412
Pollard Middle School	(78	1)455-0480 x 238		(781)453-5608
Needham High School	(78	1)455-0800 x 212	3, 2137	· (781)453-5609