

HOUSE OF POSSIBILITIES
350 WASHINGTON STREET, NORTH EASTON, MA 02356
(508-205-0555)

MEDICATION/TREATMENT ORDER

to be administered at House of Possibilities between Saturday 4 PM to Sunday 12 PM

To be completed by a Licensed Prescriber:
Physician, Nurse Practitioner, or others authorized by Chapter 94C

Name of Student _____ D.O.B. _____

Address _____

Name of Licensed Prescriber _____ Title _____

Business Telephone _____ Emergency Telephone _____

Allergies: _____

Medication/Treatment	Dosage	Route	Time

Treatment(s) _____

Specific Directions or Information for Administration

Date of Order _____ Discontinuation Date _____

Diagnosis* _____

Any Other Medical Conditions* _____

Optional Information

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

2. Other medication being taken by the client _____

3. Date of next scheduled visit or when advised to return to prescriber

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

Yes _____ No _____

*if not in violation of patient confidentiality

Signature of Licensed Prescriber