



**PRINCETON  
JUNIOR SCHOOL**  
Cultivating passionate learners

PHYSICIAN'S ORDER FORM FOR MEDICATION

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Diagnosis: \_\_\_\_\_

Drug: \_\_\_\_\_ Dosage: \_\_\_\_\_

Hours to give Medication: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Address

I request Princeton Junior School to administer the above-named medication according to the physician's orders.  
I understand the school does not have a full-time nurse and I will not hold PJS responsible for any adverse effects.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date