



Prescription Medication Order Form 2022-2023

Healthcare Provider to Complete

The Wellness Center will NOT ACCEPT a Medication Order Form completed by a Healthcare Provider who is also the student's parent.

If your child does not take any prescription medications, please fill out name and date of birth and check this box:

No Prescription Medications

Student Name: _____ Date of Birth: _____

Diagnosis: _____

Dear Licensed Prescriber,

Your patient is a student at The Hill School and is under your care regarding the management of a prescription medication. School and state regulations require that a written medication order from the licensed prescribing provider be kept on file in the student's medical record.

We work with Pottstown's Professional Pharmacy for prescriptions and refills. *Please be sure to discuss a plan for your patient to obtain prescription refills from you so that there is no interruption of his/her medication. Feel free to contact the Wellness Center directly with any questions.

Thank you for your prompt reply,

The Hill School Wellness Center Team

Office: 610-705-1111

WellnessCenterStaff@thehill.org

Fax: 610-705-1765

*To transfer or phone in a prescription to Professional Pharmacy, use the following contact information:

Professional Pharmacy

920 N. Charlotte Street

Pottstown, PA 19464

Phone: 610-323-2115

Prescribing Provider Signature: _____ Printed Name: _____

Address: _____

Date: _____ Phone _____ Fax _____

Medication Ordering Information

Medication Name	Dose	Frequency	Route	PRN	Comments