



Prescription Medication Order Form 2024-2025

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 or supplements advised by their healthcare provider, please indicate that on the student health history form. You would not need to submit this form if there are no 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 also ask you to include on this form any supplements that you are advising the student to take.

We work with 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	Check if PRN	Comments