

# Cohasset Public Schools

## PRESCRIPTION MEDICATION ORDER FORM

Start Date\_\_\_\_\_ End Date\_\_\_\_\_

Student's Name\_\_\_\_\_

Diagnosis\_\_\_\_\_

Medication:\_\_\_\_\_

Dosage\_\_\_\_\_

Frequency/route\_\_\_\_\_

Allergies\_\_\_\_\_

Comments\_\_\_\_\_

**\*ALL MEDICATION must be labeled with the student's name.**

**\*PRESCRIPTION MEDICATION must be in the pharmacy bottle with the student's name and proper dosage on the label.**

Parent Name\_\_\_\_\_

Parent Signature\_\_\_\_\_

Physician's Signature\_\_\_\_\_

Physician's  
Name/Telephone\_\_\_\_\_

**Cohasset Middle High School**

143 Pond Street

Phone: 781-383-6100

Fax: 781-383-4168

**Deer Hill School**

208 Sohier Street

781-383-6115

781-383-6791

**Joseph Osgood School**

210 Sohier Street

781-383-6117

781-383-9087

**Cohasset, Massachusetts 02025**