

**COATESVILLE AREA SCHOOL DISTRICT  
POPE JOHN PAUL II  
MEDICATION ORDER FORM FOR ANY PRESCRIPTION AND/OR  
OVER-THE-COUNTER MEDICATIONS  
TO BE COMPLETED BY A LICENSED PROVIDER**

Dear Physician,

According to "Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care" by the Department of Health, school nurses need a "medical order" from a licensed provider to administer any prescription, over-the-counter, or herbal medicines. In the past we have required only parental consent. In order to simplify the procedure we've developed the form below which will be available to parents through the school nurse, in the student handbooks, and on the school district web site [www.coatesville.k12.pa.us](http://www.coatesville.k12.pa.us)

We look forward to working with you to provide the best care we can for our students. If you have any questions, concerns or suggestions, please do not hesitate to contact me at 610-384-5961.

School Nurse

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage to be administered: \_\_\_\_\_

Time medication is to be given: \_\_\_\_\_

Date (s) medication is to be given: \_\_\_\_\_

Condition being treated: \_\_\_\_\_

Signature of licensed medical provider: \_\_\_\_\_

Name of provider: \_\_\_\_\_

Phone number: \_\_\_\_\_

ANY MEDICINE OF ANY KIND SENT TO SCHOOL FOR ANY  
REASON REQUIRES A DOCTOR'S ORDER

**THIS FORM MAY BE FAXED TO THE SCHOOL NURSE AT: 610-384-5730**