

The Maryland School for the Blind
MEDICATION/TREATMENT
Health Center - School Year 2011-2012

STUDENT NAME: _____

**** Medications at MSB include prescription vitamin supplements, medicated shampoo, topicals, and emergency medications such as Diastat, Albuterol, Epi-pen, etc.**

Please use example in completion of form (example: "medication" 100 mg p.o. b.i.d.)

MEDICATION/TREATMENT	DOSE	FREQUENCY	ROUTE	INDICATION

Please use example in completion of form (example: Diastat 5 mg per rectum convulsive seizures > 5 minutes)

EMERGENCY MEDICATION/TREATMENT	DOSE	FREQUENCY	ROUTE	TAKE ON FIELD TRIPS – YES or NO

Please use example in completion of form (example: Tylenol 650 mg p.o. q. 4 hours headache)

PRN MEDICATION/TREATMENT	DOSE	FREQUENCY	ROUTE	INDICATION

Physician's PRINTED First and Last Name

Physician's Signature

Date

Office Phone Number

Office FAX Number