

Physician's order form

Cushing Academy Admissions Office
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To be completed by primary care physician

Massachusetts State Law and Regulations require a physician's written order and parent or guardian's authorization for a nurse to administer all medicinal preparations.

Please consider that the students at Cushing Academy have a mandatory study hall from 8:00 pm to 10:00 pm Sunday through Thursday. Will the student need an additional dose or later dose for this time? Yes No

Student's Name: _____ Date of Birth: _____
FIRST MIDDLE LAST MONTH/ DAY/ YEAR

Address: _____
STREET

CITY STATE ZIP CODE COUNTRY

Diagnosis: _____

Name of Medication(s): _____

Directions for Use: *(Please include the latest possible time the student may take the medication.)*

Duration for Order _____

Will student need to take medication on the weekends? Yes No

Will student need to take medication during vacations? Yes No

Consent for self-administration Yes No
(provided the school nurse and parent determine it is safe and appropriate).

Prescriber's information

Prescriber's Name: _____
FIRST MIDDLE LAST TITLE

Address: _____
STREET

CITY STATE ZIP CODE COUNTRY

Phone: _____ Fax: _____

Prescriber's signature: _____ Date: _____