| | Physician Medica | ation Order Form [] | PMOF] |
|--|---|---|---|
| | | cation Release and Aut quest to Administer Medication | |
| physician, cannot admir providing all informatic administered during scl | ister medication, prescribed or or n needed for the proper adminis | ver the counter. This form must be stration of medication. A confirmati newed at the beginning of each sch | the written authorization of the parent ar kept current. The parent is responsible fr on of current medications, which must b nool year. <i>Whenever there is a change</i> |
| Student Name: _ | | Grade: | Date of Birth: |
| To be completed | by physician: | | |
| - | | | |
| The following medica | tion is given during school ho | urs: Medication Name | |
| Route of Administrati | on | Time of Administration | |
| Dosage | | Duration | |
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The Calverton School, 300 Calverton School Road, Huntingtown, Maryland 20639 FAX: 410.535.6169