



**MARSHFIELD PUBLIC SCHOOLS**  
**MARSHFIELD, MASSACHUSETTS 02050**  
**Marshfield Public Schools Overnight Class / Department Field Trip**

Director of School Health Services – Colleen Gadles, BS, BSN, RN

Marshfield High: Samantha Cherry, BSN, MSN, RN 781-834-5050 FAX: 781-319-3551 Furnace Brook: Maura Carroll, BSN, RN 781-834-5020  
 Daniel Webster: Kimberly Campbell, BSN, MSN, PNP, RN 781-834-5045 South River: Julie Stiles, BSN, MSN, RN 781-834-5030  
 Eames Way: Alison White, BSN, MEd, RN, 781-834-5090 Martinson: Carolyn Mudge, BSN, MEd, RN 781-834-5025  
 Governor Winslow: Courtney Powers, BSN, MPH, RN 781-834-5060

**Prescription/OTC Medication Order**

To be completed by a Licensed Prescriber, Physician, Nurse Practitioner or others authorized by Chapter 94C  
 This medical provider order form is to be used for all prescription and over the counter medications.

<b>Name of Student:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>Grade:</b>	
<b>City/Town</b>		<b>State/ Zip</b>	
Name of Licensed Prescriber		Title	
Business Telephone		Emergency Telephone	
Medication include administration dosage, route, frequency and time: 1. 2. 3.			
Specific directions or information for administration:			
Date of Order: (mm/dd/yyyy)		Discontinue Date: (mm/dd/yyyy)	
Diagnosis:			
Any other Medication Condition (s) <i>(if not in violation of confidentiality)</i>			
1. Specific side effects, contraindications, or possible adverse reactions to be observed:			
2. Other medication being taken by the student:			
3. <b>Consent for self-administration (provided the school nurse determines it is safe and appropriate).</b> YES _____ NO _____			
<b>Signature of Licensed Prescriber</b>		<b>Date</b>	