



**Physician's Request for Administration of Prescription Medications  
Summer 2025**

Whenever possible, it is desirable for medications to be scheduled at times other than school hours for the safety of the student. Administration of medication during school hours is discouraged. However, individual needs will be taken into consideration.

**Our regulations include:**

1. Written orders from a physician detailing the name of the drug, date of the order, diagnosis, dosage, route, time and specific duration for the order. This form may be used. **A physician's signature is required on ALL medication orders for Chesapeake Bay Academy.**
2. Using this form, signature of parent or guardian requesting that Chesapeake Bay Academy comply with the physician's order. This form or other local school district form may be used.
3. Prescription medications must be delivered to the School Nurse by the parent or guardian in the original medication container provided by the pharmacy labeled with the child's name, the name and dosage of the medication, and the instructions clearly printed on the container (medication must be in the original container).
4. Exact duration for administration of medication must be stated. Date of termination for the medication must be specified. When duration is not specified, medication will be administered for one month (30 calendar days from date of order).

**Name of Student:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Medication #1** \_\_\_\_\_ **Date of Order** \_\_\_\_\_  
**Diagnosis** \_\_\_\_\_ **Dosage** \_\_\_\_\_  
**Route** \_\_\_\_\_ **Time** \_\_\_\_\_ **Specific Duration of Order** \_\_\_\_\_  
**Self-Carry Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Medication #2** \_\_\_\_\_ **Date of Order** \_\_\_\_\_  
**Diagnosis** \_\_\_\_\_ **Dosage** \_\_\_\_\_  
**Route** \_\_\_\_\_ **Time** \_\_\_\_\_ **Specific Duration of Order** \_\_\_\_\_  
**Self-Carry Yes** \_\_\_\_\_ **No** \_\_\_\_\_

X \_\_\_\_\_ **MD Name (Printed) or Stamp**

X \_\_\_\_\_  
**MD/Dentist Signature** **REQUIRED** **Date** **Phone**

→ \_\_\_\_\_  
**Parent/Guardian Signature** **Date** **Phone**

The mission of Chesapeake Bay Academy is to educate students through academic programs individualized to address their learning differences, empowering them with the skills and confidence necessary for success in higher education, careers and life.