

**Lincoln Street School**  
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J.Drew Bairstow  
Principal

Mary P. Manin RN,BS  
School Nurse

SCHOOL ADMINISTRATIVE UNIT #16  
Physician's Request for Medication Administration

STUDENT NAME: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

ROUTE OF ADMINISTRATION: \_\_\_\_\_

DOSAGE OF MEDICATION: \_\_\_\_\_

FREQUENCY OR TIME SCHEDULE: \_\_\_\_\_

ADVERSE REACTIONS OR SIDE  
EFFECTS: \_\_\_\_\_

\_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

\_\_\_\_\_

SPECIFIC INFORMATION YOU FEEL WOULD BE BENEFICIAL TO THE  
SCHOOL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

