

**BRITISH EMBASSY SCHOOL ANKARA**  
**DOCTOR PRESCRIBED MEDICATION ORDER FORM**  
**(for UK prescribable medicines)**

**PART A - ALL SECTIONS TO BE COMPLETED BY A LICENSED PRESCRIBER**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Licensed Prescriber \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Emergency Telephone Number \_\_\_\_\_

**Generic Name of Medicine** \_\_\_\_\_

Route of Administration \_\_\_\_\_ Dosage \_\_\_\_\_

**Frequency** \_\_\_\_\_ **Time(s) of administration** \_\_\_\_\_

**Specific directions / information for administration** \_\_\_\_\_

**Date of Order** \_\_\_\_\_ **Discontinuation Date:** \_\_\_\_\_

Diagnosis \_\_\_\_\_

Any other relevant medical condition(s) \_\_\_\_\_

Optional Information

Special side effects, contraindications, or possible adverse reactions to be observed: \_\_\_\_\_

Other medication recently taken by the student: \_\_\_\_\_

The date of the next scheduled visit or when advised to return to prescriber: \_\_\_\_\_

**Signature of Licensed Prescriber** \_\_\_\_\_ **Date and Stamp** \_\_\_\_\_

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**PART B – TO BE COMPLETED BY PARENT/GUARDIAN**

All sections to be completed

I request and consent to have the School Nurse or school personnel designated by the School Nurse administer the medication prescribed by:

\_\_\_\_\_ to \_\_\_\_\_  
Licensed Prescriber Student Name

**I request the medicine be given at the following dates and times:**

**Start date** \_\_\_\_\_ **Stop date (eg. last day)** \_\_\_\_\_

**Times to be given** \_\_\_\_\_

**Any other instructions** \_\_\_\_\_

I give permission for my son/daughter to self-administer medication, if the school nurse determines it is safe and appropriate: YES NO  
(please circle)

I give permission to the school nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my son's/daughter's health and safety.

Parent/Guardian Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note**

- **Medicine must be brought to school by parent and NOT sent with the child.**
- **Medicine must be brought in its original clearly labelled container**