

**STATE OF LOUISIANA  
MEDICATION ORDER**

**TO BE COMPLETED BY LA, TX, AR, OR MS LICENSED PRESCRIBER**

**PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Legal Guardian Name (print): EDn6582 0 0A3R 95c 4 6166.1 516 9.967.6 T5.88 629.52 7Td (h)TjA6 -0.re f BT /T

-

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_