****

**6753 W. Rogers Street l West Allis, WI 53219 l 414.540.8500 l 414.541.8500 FAX**

**321 Olympian Blvd l Beloit, WI 53511 l 608.473.3244 l 608.473.3245 FAX**

**175 S. Barker Road l Brookfield, WI 53045 l 262.468.0700 l 262.468.0701 FAX**

**2802 International Lane l Madison, WI 53704 l 608.421.5267 l 608.421.5268 FAX**

**2331 E. Lourdes Drive l Appleton, WI 54915 l 920.944.9996 l 920.944.9998 FAX**

**PHYSICIANS ORDER FOR MEDICATION ADMINISTRATION**

(Please type or print)

Please administer the following medication(s) to:

|  |  |  |
| --- | --- | --- |
| Name of student: | Date of birth: | School district of residence: |
| Diagnosis: |

Physician Medication Orders:

|  |  |
| --- | --- |
| **Daily Medications:** Prescription and/or Non-Prescription | Side effects which warrant call to physician(indicate if none) |
| Medicine | Route | Dose | Time | Duration |
|  |  |  |  | From:To: |  |
|  |  |  |  | From:To: |  |
|  |  |  |  | From:To: |  |
|  |  |  |  | From:To: |  |
|  |  |  |  | From:To: |  |

|  |  |  |
| --- | --- | --- |
| **PRN Medications:** Prescription and/or Non-Prescription | Conditions under which medication should be given | Side effects which warrant call to physician(indicate if none) |
| Medicine | Route | Dose | Time | Duration |
|  |  |  |  | From:To: |  |  |
|  |  |  |  | From:To: |  |  |
|  |  |  |  | From:To: |  |  |
|  |  |  |  | From:To: |  |  |

|  |  |
| --- | --- |
| Physician’s signature: | Date: |
| Physician’s name: | Phone number: |

**THIS FORM MUST BE COMPLETED AND SIGNED BY THE PRESCRIBING PHYSICIAN.**

**THIS COMPLETED FORM MUST BE ON FILE AT THE RICHARDSON SCHOOL PRIOR TO ADMINISTRATION OF MEDICATION.**

**DF/mdf 1-2011**