

OCONTO FALLS AREA SCHOOLS

Oconto Falls Elementary School

Lynette Donart, R.N., B.S.N.

District School Nurse

415 E Maria Volk Drive

Oconto Falls, WI 54154

PHONE: 920-848-4476 ext. 6

FAX: 920-848-4454

Date _____

Dear Dr. _____

The parent/guardian of _____ has requested medication be administered to their child at school. This physician order is to verify that to keep this child in optimum health and/or help maintain optimum performance at school, it is necessary that medication be given during school hours. Before prescription medication may be administered by school personnel, this form must be completed by a licensed physician and returned to the school.

PHYSICIAN ORDER FOR MEDICATION ADMINISTRATION

Name of Student _____ D.O.B. _____

Address _____

Telephone Number _____

School _____ Grade _____

Date Order Effective From: _____

To: _____

Diagnosis _____

Medication/dose/route/frequency/duration _____

Time of medication administration at school: _____

If PRN (as needed) medication. List conditions under which the medication should be given:

Side Effects: (Expected or Predictable) _____

Should the student manifest any of the following symptoms, please notify the parents and/or my office immediately:

Further written instruction will follow from me to the school if the drug is to be discontinued or the dosage/administration time is changed from these instructions.

Physician's Signature _____ Date _____

Physician's Name (Please type or print) _____

Physician's Phone Number _____ Physician's Fax Number _____

*Revised: 5/10
Nurse/forms/phyorder*