

# School District of the Menomonie Area

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## Physician Order for Medication Administration

The School District of the Menomonie Area requires that all students who need prescription medication during school hours do the following:

1. Have the prescribing physician complete the medication administration form.
2. Present a written consent form signed by the parent/guardian.
3. Bring the medication in a properly labeled prescription bottle.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

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### TO BE COMPLETED BY PHYSICIAN

Name of Medication: \_\_\_\_\_ for the treatment of: \_\_\_\_\_

Specific dose(s) to be given at school: \_\_\_\_\_

Time to be given at school: \_\_\_\_\_

Length of time to be administered: \_\_\_\_\_

Are there any special instructions: ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

#### **For inhaled asthma/respiratory medications:**

**Student may carry and self administer medication according to the directions above:**  Yes  No

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address of physician: \_\_\_\_\_

Telephone number of physician: \_\_\_\_\_

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### TO BE COMPLETED BY PARENT

I give permission for my child to receive the above medication as directed and for the school nurse to contact the physician directly if there are any questions relating to the medication treatment.

Parent/Guardian Signature

Phone number

Date

