

School District of Spring Valley  
S1450 County Road CC  
Spring Valley, WI 54767  
Elementary – 715-778-5602 Fax – 715-778-5615  
Middle-High School – 715-778-5554 Fax – 715-778-5556

### Physician's Order for Administration of Medication

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Prescription Information and Physician Signature

I have prescribed the following medication to be administered by school personnel:

Drug Name \_\_\_\_\_ Dosage \_\_\_\_\_  
Frequency \_\_\_\_\_  
Time \_\_\_\_\_ Route \_\_\_\_\_  
Order effective from \_\_\_\_\_ Until \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Allergies \_\_\_\_\_  
Child may self-administer and carry inhaler (Circle One) YES NO  
Direct contact shall be made with me, the physician, should the student develop: \_\_\_\_\_  
\_\_\_\_\_  
Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
Physician Name (Please print) \_\_\_\_\_ Phone \_\_\_\_\_

#### Parent Signature and Information

1. I request this medication be given as prescribed by the physician. I understand I must provide this medication in the original container (bottle, injection or inhaler) labeled by the pharmacy.
2. I understand that written instructions must be provided by the physician if there is a change in medication, including but not limited to medication type, dosage or timing.
3. I will notify the school in writing when the medication is discontinued and I will pick up the medication.
4. I will pick up the medication at the end of the school year. If my child is attending summer school, I will pick up the medication by the last day of summer school.
5. I understand that medication orders must be renewed when specified.
6. I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication. I give permission to contact the prescribing physician.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_