



School District of Altoona

1903 Bartlett Avenue • Altoona, Wisconsin 54720
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Physician Order for Medication Administration

The School District of Altoona 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: _____

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: _____

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