School District of Elmwood
213 S. Scott Street
Elmwood, WI 54740
715-639-2711 Fax 715-639-3110

Health Care Provider's Order for Administration of Medication

Name of
Child:____DOB:__________Grade:________

Prescription Information and Health Care Provider (HCP) 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 Health Care Provider, should the student develop:

____

HCP Signature____**Date:**____________________

HCP Name (Please print)___________________________________**Phone:**___________________

Parent Signature and Information

1. I request this medication be given as prescribed by the Health Care Provider. 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 Health Care Provider 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 within 7 days of it being discontinued.
4. I will pick up any unused medication within 7 days after the school year ends. 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 annually.
6. I hereby give permission for the school nurse to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication. I also give permission to the school nurse to contact the prescribing Health Care Provider if necessary.

Parent/guardian signature: ___________________________________**Date:** _________________________

Print name: ____**Phone:** ________________________