

**Mondovi School District
2023-2024**

Physician Order for Prescription Medication/Treatment and Parent/Guardian Authorization
(To be renewed annually AND with any medication/treatment/dosage change)

Student _____ Date of Birth _____

Parent(s)/Guardian _____

Teacher/Grade _____

PHYSICIAN'S ORDER***Wisconsin State Law Requires a Physician's signature*******

I hereby request and authorize you to administer to the above named student:

MEDICATION/TREATMENT	DOSAGE	TIME	DURATION
1 _____			
2 _____			
3 _____			

Diagnosis/Medical reason: _____

Other medications student is taking _____

Direct contact should be made with me should the student receiving the medication/treatment develop any of the following conditions or reactions to the medication/treatment:

Allergies _____

PHYSICIAN'S SIGNATURE _____ Date _____

Print physician's name _____ Phone No. _____

Clinic/Office _____ Fax No. _____

PARENT(S)/GUARDIAN AUTHORIZATION

1. I request that the above medication/treatment be given to my child during school hours as ordered by this student's physician.
2. I will immediately notify the school of any change in the medication/treatment or physician's order, dosage change, frequency, or duration of administration.
3. I give permission for the school nurse to consult with this child's physician concerning any questions regarding the listed medication/treatment, medical condition, or side effects of this medication.
4. Field Trips—I give permission for the designated person to administer the medication/treatment on a field trip, as necessary, following school procedures.
5. I release all school personnel and Mondovi School District from any and all liability in the event of any adverse reaction resulting from the use or administration of this medication/treatment.
6. I will notify the school IN WRITING when the drug/treatment is discontinued.
7. I give permission for the school nurse to communicate this information with health care providers and/or school staff as needed for school related, health and/or safety reasons.

Parent(s)/Guardian Signature _____ Phone No. (W) _____

Phone No. (H) _____

Date _____