

**MADISON METROPOLITAN SCHOOL DISTRICT**  
**Order for Medication Administration**

Dear \_\_\_\_\_ (School Nurse)

School \_\_\_\_\_ Phone # \_\_\_\_\_

**Please administer the following medication(s) to:**

Name of Student \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis \_\_\_\_\_

**Practitioner Medication Orders:**

<b>DAILY MEDICATIONS</b>					Direct contact shall be made with me should the student receiving the medication develop any of the following conditions or reactions to the medication (if none, so state).
Medicine	Route	Dose	Frequency	Duration	
				From:	
				To:	
				From:	
				To:	
				From:	
				To:	

<b>PRN MEDICATIONS</b>					Condition under which medication should be given.	Direct contact shall be made with me should the student receiving the medication develop any of the following conditions or reactions to the medication (if none, so state).
Medicine	Route	Dose	Frequency	Duration		
				From:		
				To:		
				From:		
				To:		
				From:		
				To:		

Hospital/Clinic/Office \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_

Practitioner Signature \_\_\_\_\_

Please return this form to: \_\_\_\_\_