



AMERY WARRIORS

Physician Order for Medication Administration

Date Order Effective: From _____ To _____

Name of Student: _____

Address: _____

Telephone Number: _____

School: _____ Grade: _____

Medication	Dosage	Time Given	Reason for Medication

Specific conditions under which contact should be made with you:

Physician's Signature: _____

Physician's Name – Printed: _____

Date Signed: _____

Please return or fax to:

School Nurse
 Amery Schools
 543 Minneapolis Ave S
 Amery WI 54001
 Phone: (715) 268-9771, Extension 265

Fax#:	Lien Elementary School	(715) 268-5633
	Amery Intermediate School	(715) 268-5612
	Amery Middle School	(715) 268-4967
	Amery High School	(715) 268-7792
	Pupil Services	(715) 268-5618