



**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:

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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