



**Thomas A. Wildey School**  
 2040 US Highway 50 • Batavia, Ohio 45103  
 Office: 513-732-7015 Nurse: 513-732-7017  
 FAX: 513-732-4950

**PHYSICIAN'S ORDER FOR ROUTINE/AS NEEDED MEDICATIONS/PROCEDURES**

Since medication for the participant listed below cannot be scheduled for other than program hours, it is requested that the medication as listed below be administered by the program nurse or authorized designee in accordance with current state/federal regulations.

**This information may be shared with the student's district of service.**

Name:		Date of Birth:	
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Medication/Procedure:		Start Date:	
		End Date:	
Dosage/route/time:			
Special Instructions:			
Adverse Reactions to be reported:			

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Special Instructions:			
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**I, the physician, have reviewed and agree upon the above orders.**

\_\_\_\_\_ Date: \_\_\_\_\_ Telephone # \_\_\_\_\_  
**Physician's Signature**

**Print Physician's Name**

**NPI #**

Medications will be given as directed by the physician. Please notify us immediately if there are any changes.

Any changes will require a new written order by the physician.

**ALL MEDICATIONS MUST BE IN THE ORIGINAL PHARMACY-LABELED CONTAINERS.**