

Thomas A. Wildey School

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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.

Medication/Procedure: Dosage/route/time: Special Instructions: Adverse Reactions to be reported: Medication/Procedure: Start Date: End Date: Dosage/route/time: Special Instructions: Adverse Reactions to be reported: Medication/Procedure: Special Instructions: Adverse Reactions to be reported: Medication/Procedure: Start Date: End Date: Start Date: End Date: I, the physician, have reviewed and agree upon the above orders. Date: Telephone #	Name:		Date of Birth:	
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Date: Telephone #	Adverse Reactions to be reported:			
Date: Telephone #	I, the physician, have reviewed a	nd agree upon the abo	ve orders.	
Physician's Signature				Telephone #
	Physician's Signatu	re		•

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.