

Hortonville Schools
Sandra Schulz RN, District Nurse
Carol Schmelzel - Health-Aide
220 Warner St. Hortonville, WI 54944
Tel: 920-779-7922
Fax: 920-779-7923

Health Services
Physicians Administration of Medication Consent Form

Student Name _____ D.O.B. _____

Medication Name _____ Dosage: _____

Frequency _____ How Given _____ Time _____

Reason for Medication _____

Precautions, side effects, reactions to watch for _____

Starting date _____ Ending date _____

Prescribing Physician _____ Phone _____

Any comments you care to make that would facilitate the care we at school give this person:

Signature of Physician

Date