Department of Specialized Services Nursing
6620 W. Capitol Dr.
Milwaukee, WI 53216
(414) 438-3648 • mps.milwaukee.k12.wi.us

Name of Daily Medication
(Generic and Trade Name) | Dosage/ Frequency | Time(s) (AM/PM): | Start date | Stop date | Possible Adverse Side Effect or Contraindications:
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<table>
<thead>
<tr>
<th>Name of PRN Medication (Generic and Trade Name)</th>
<th>Dosage/ Frequency</th>
<th>Time(s) (AM/PM):</th>
<th>Start date</th>
<th>Stop date</th>
<th>Possible Adverse Side Effect or Contraindications:</th>
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<tr>
<th>Name of Procedure (CIC, glucose checks, suctioning, etc.):</th>
<th>Dosage/ Frequency</th>
<th>Time(s) (AM/PM):</th>
<th>Start date</th>
<th>Stop date</th>
<th>Monitoring Parameters</th>
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PROCEDURES

The above orders shall be effective throughout the current school year, summer school and through September 30th of the following school year, unless the orders are discontinued, changed or withdrawn in writing by the parent/guardian before that time elapses.

Medical Provider’s Signature  Date (Mo./Day/Yr.)  Telephone/Fax Number

Printed Medical Provider’s Name  Address