

# MEDICATION ORDER FORM

All medication, medicinal products, physicians sample medication, and skin care products given or used at a day care center must include the exact name of the medication, dosage to be given, time to be given, and reason for use. If used for fever, *the degree of temperature must be stated*. A physician's order is valid for one year.

1. \_\_\_\_\_ may have \_\_\_\_\_  
 (name of child) (medication)  
 \_\_\_\_\_, every \_\_\_\_\_ for  
 (dosage) (frequency)  
 \_\_\_\_\_.  
 (reason)  
 \_\_\_\_\_  
 (date) \_\_\_\_\_  
 (physician's signature)

2. \_\_\_\_\_ may have \_\_\_\_\_  
 (name of child) (medication)  
 \_\_\_\_\_, every \_\_\_\_\_ for  
 (dosage) (frequency)  
 \_\_\_\_\_.  
 (reason)  
 \_\_\_\_\_  
 (date) (physician's signature)

3. \_\_\_\_\_ may have \_\_\_\_\_  
 (name of child) (medication)  
 \_\_\_\_\_, every \_\_\_\_\_ for  
 (dosage) (frequency)  
 \_\_\_\_\_.  
 (reason)  
 \_\_\_\_\_ (date) \_\_\_\_\_ (physician's signature)