Physician's Request to Give Medication / Record of Medication Order

All medications (including cough drops, as well as ALL OTHER NON-RX), medicinal products, physician's sample medication, medicinal skin care products given or used at a child care center must include the exact name of 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**.

All medications must be in original containers labeled clearly with the child's name, physician's name, name of medication, directions for use and the date prescribed.

DO NOT PUT MEDICATION IN CHILD'S LUNCH BOX OR BACK PACK!

(Bring medication and this request directly to the preschool/daycare office.)

I request that _____
Child's Name (Please Print)

Be given the FOLLOWING MEDICATION(s) (exact name of medication—RX and Non-RX):

_____
(Please Print)

DOSAGE to be given: _____
(Please Print)

Give medication at the following TIME(s): _____
Time(s) of Day

Give medication on the following DATES(s): _____
Month / Day / Year

Is medication used for FEVER?   **NO** _____ or **YES** _____ Degree of temperature: _____

Reason for use (if NOT for FEVER): _____
(Please Print)

✖ _____   _____
Printed **Name of Physician, Physician's Assistant or Nurse Practitioner**   **Office Phone Number**

✖ _____   _____
Signature **of Physician, Physician's Assistant or Nurse Practitioner**   **Month / Day / Year**

➡ _____   _____
Signature **of Parent/Guardian**   **Month / Day / Year**

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Below Only for Preschool/Daycare Use
(MEDICATION)

Date Given (Month/Day/Year)	Name of Medication	Dosage Given	Time(s) Given	Name of Director/Teacher/Staff Administering Medication