

Preventive Medicine Administration
PHYSICIAN'S MEDICATION ORDER FORM

This part completed by physician and returned to center via parent

A non-medical and non-nursing person will administer medication(s). If possible, arrange a time of dosage so that medication(s) will not be given while the child is in the center.

ADDRESS OF PATIENT: _____
NAME OF PATIENT: _____ PHONE: _____

The following medications must be given during care hours:

Medication	Dosage	Hour given

Administration (with water, milk, food, etc.): _____

Note any reasons not to administer: _____

Date medication should be administered until: _____

The following medication(s) are administered at home:

Medication	Dosage	Hour given

List all medications, including those given at home, and any side effects that should be noted by center personnel:

This form must be kept current. Whenever there is a change in the medication, the parents must have a new form completed by the physician.

Physician's signature _____ Date _____
Address _____ Phone _____

Parents: Before a day care center, its agent, employees or representatives can administer any medication to your child, you are required to sign this authorization form which signifies your desire to have the medication(s) administered, as well as your agreement to relieve the center, its agents, employees or representatives of any responsibility for ill side effects resulting from the administering of said prescribed medication as set forth.

We authorize and request the Center to administer the medication(s) prescribed by our physician, and in so doing relieve the center, its agents, employees or representatives of any responsibility for ill side effects which may result from the administering of said prescribed medication.

Signature of parent _____

Witness _____ Date _____

