

## Medication Order Form

All medications, medical products, physicians' sample medications, and skin care products given or used at our facility 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 only valid for one year.

**1.** \_\_\_\_\_ may have \_\_\_\_\_  
(Name of Child) (Name of Medication)

\_\_\_\_\_, every \_\_\_\_\_ for  
(Dosage) (Frequency)

\_\_\_\_\_  
(Reason)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Physician's Signature)

**2.** \_\_\_\_\_ may have \_\_\_\_\_  
(Name of Child) (Name of Medication)

\_\_\_\_\_, every \_\_\_\_\_ for  
(Dosage) (Frequency)

\_\_\_\_\_  
(Reason)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Physician's Signature)

**3.** \_\_\_\_\_ may have \_\_\_\_\_  
(Name of Child) (Name of Medication)

\_\_\_\_\_, every \_\_\_\_\_ for  
(Dosage) (Frequency)

\_\_\_\_\_  
(Reason)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Physician's Signature)