

**RECORD OF MEDICATION ORDER**

**Child's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Today's date** \_\_\_\_\_

Medications, medicinal products, physician's sample medications, and medicinal skin care products given or used at a child care center must include the exact name of medication, dosage 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.*

**Medication brought to the center must have the expiration date recorded**

1. Exact name of medication \_\_\_\_\_ Dosage to be given \_\_\_\_\_  
Time to be given \_\_\_\_\_ Reason for use: \_\_\_\_\_  
Physician's Signature \_\_\_\_\_

**Expiration date** \_\_\_\_\_  
**Verified by** \_\_\_\_\_

2. Exact name of medication \_\_\_\_\_ Dosage to be given \_\_\_\_\_  
Time to be given \_\_\_\_\_ Reason for use: \_\_\_\_\_  
Physician's Signature \_\_\_\_\_

**Expiration date** \_\_\_\_\_  
**Verified by** \_\_\_\_\_

3. Exact name of medication \_\_\_\_\_ Dosage to be given \_\_\_\_\_  
Time to be given \_\_\_\_\_ Reason for use: \_\_\_\_\_  
Physician's Signature \_\_\_\_\_

**Expiration date** \_\_\_\_\_  
**Verified by** \_\_\_\_\_

4. Exact name of medication \_\_\_\_\_ Dosage to be given \_\_\_\_\_  
Time to be given \_\_\_\_\_ Reason for use: \_\_\_\_\_  
Physician's Signature \_\_\_\_\_

**Expiration date** \_\_\_\_\_  
**Verified by** \_\_\_\_\_

5. Exact name of medication \_\_\_\_\_ Dosage to be given \_\_\_\_\_  
Time to be given \_\_\_\_\_ Reason for use: \_\_\_\_\_  
Physician's Signature \_\_\_\_\_

**Expiration date** \_\_\_\_\_  
**Verified by** \_\_\_\_\_

**I** \_\_\_\_\_ **parent/ guardian of the above named child, give permission for the staff of Just-Us-Kids, Inc to administer the above medications as directed All medication must have valid expiration dates.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_