

Physician's Written Orders for Prescription Medications

Student's Full Name	Drug Name	Route	Dosage	Schedule & Indications	Comments	Physician's Signature

Physician's Written Orders for Non-Prescription Medications

Student's Full Name	Drug Name	Route Please circle Preferred Formulation	Dosage	Schedule & Indications	Child's Health Care Provider Order yes no	Comments	Physician's Signature
	Tylenol	PO (chewable tabs, elixir or tabs)	Per Label Instructions by age/weight	Q 4hr. prn for pain or fever > _____F	yes no		
	Ibuprofen	PO (chewable tabs, elixir or tabs)	Per Label Instructions by age/weight	Q 4hr. prn for pain or fever > _____F	yes no		
	Robitussin	PO (syrup)	Per Label Instructions by age/weight	Q 4hr. prn for cough	yes no		
	Pepto-Bismol	PO (Liquid or chewable tabs or pills)	Per Label Instructions by age/weight	Q 30 mins. - 1hr prn for diarrhea	yes no		
	Benadryl	PO (elixir, chewable tabs, or pills)	Per Label Instructions by age/weight	Q 6hr. prn for allergic reaction	yes no		
	Triple Antibiotic Ointment	Topical	Per Label Instructions		yes no		
	Hydrocortisone Cream 1%	Topical	Per Label Instructions		yes no		
	Other	PO	Per Label Instructions by age/weight		yes no		
	Other	PO	Per Label Instructions by age/weight		yes no		

Parent Signature: _____ Phone #: _____