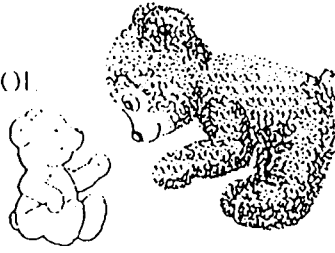


BOSTLEY'S
CHILD CARE & PRESCHOOL
LEARNING CENTERS



WHEN THEY CAN'T BE IN YOUR
HANDS TRUST THEM TO OURS

NON-
PHYSICIAN'S ORDER FOR PRESCRIPTION MEDICATION

Name of Student _____

Address: _____

Date: _____

Medication	Strength	Dosage	Time to be Given	Route of Administration	Duration of Order

Purpose of Medication: _____

Side Effects which may be exhibited in school: _____

Comments: _____

Physician's Name - PRINTED

Phone

Physician's Signature

Date