

Medicine Recommendation Form

To be filled out by a licensed health provider or a physician.

This form must be filled out in order for C Street Staff to give over-the-counter medicine to a child.

Name of Child: _____

Name of Medicine: _____

Date(s) Medication is to be Given (Up to one year allowed): _____

Time(s) Medication is to be Given: _____

Dosage/Amount to be Given: _____

Method of Administration (for example: orally, topically, nasally, etc.) _____

Medical Condition(s) that this may be used to treat (teething, fever, etc.) _____

Additional Instructions: _____

Physician Signature _____ Date: _____

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