

# Mill Brook Pediatrics

490 Boston Post Rd. Suite 2002 - Sudbury MA 01776  
Ph. 978-443-0707 Fx.978-440-9389

## MEDICATION ADMINISTRATION FORM

To be completed and signed by physician/designee and parent/guardian for non-prescription and prescription medications:

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

I request my child be administered the medication (per personnel or self) as indicated in the physician's order below.

### NON-PRESCRIPTION MEDICATION(S):

**TYLENOL tablets (or generic) 325 mg** Dosage \_\_\_\_\_

**TYLENOL LIQUID (or generic) 160mg /5ml** Dosage \_\_\_\_\_

**MOTRIN tablets(or generic) 200mg** Dosage \_\_\_\_\_

**MOTRIN LIQUID (or generic) 100mg /5ml** Dosage \_\_\_\_\_

**INFANT MOTRIN LIQUID(or generic) 50mg/1.25ml** Dosage \_\_\_\_\_

**BENADRYL TABS (or generic) 25 mg** Dosage \_\_\_\_\_

**BENADRYL LIQUID (or generic) 12.5mg/5ml** Dosage \_\_\_\_\_

**OTHER** \_\_\_\_\_ Dosage \_\_\_\_\_

REASON(S) \_\_\_\_\_

### PRESCRIPTION MEDICATIONS (must be in original labeled pharmacy receptacle)

\_\_\_\_\_ Dosage /Directions \_\_\_\_\_  
Name of medication

\_\_\_\_\_ Dosage /Directions \_\_\_\_\_  
Name of medication

\_\_\_\_\_ Dosage /Directions \_\_\_\_\_  
Name of medication

Possible side effects: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

Physician/Nurse Practitioner Signature \_\_\_\_\_ DATE \_\_\_\_\_