

Bostley's Preschool Learning Centers Inc.  
Bostley's Preschools LLC  
Bostley's LLC

*"When they can't be in your hands trust them to ours"*  
*Physician Order for Over the Counter Medication*

Name of Student \_\_\_\_\_

Date \_\_\_\_\_

| <i>Medication</i> | <i>Strength</i> | <i>Dosage</i> |
|-------------------|-----------------|---------------|
|                   |                 |               |
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|                   |                 |               |
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*Purpose of Medication*

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*Side Effects which may be exhibited in school*

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*Comments* \_\_\_\_\_

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*Physician's Name - Printed*

*Phone*

*Physician's signature*

*Date*

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