

**Great New Beginnings, Inc.**  
**NON-PRESCRIPTION MEDICATION ADMINISTRATION FORM**  
**"STANDING ORDER"**

The following is a list of Non-Prescription Medications that the parent(s)/guardian(s) may authorize Great New Beginnings to administer to their child for minor colds, teething, coughs, etc.

**Child's Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Allergies:** \_\_\_\_\_

**Parents MUST supply their own medications.** This form is solely for the purpose of ADMINISTRATION. In no way does this form preclude the need for doctor check-ups or prescriptions, nor does this form preclude the need for yearly health appraisals. We reserve the right to withhold medication if, in our estimation, we feel that it is necessary that his/her physician see the child.

**This form is strictly for the general administration and is valid for the period of one year from date of issuance.** Parents should list the common medications that their child uses and dosage. The dosage is based on your consultation with your family physician.

<u>MEDICATION NAME</u>	<u>NDC #</u>	<u>REASON</u>	<u>DOSAGE</u>	<u>TIMES/DAY</u>	<u>EXP. DATE</u>

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

**Doctor's Name:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Valid for one (1) year expiration date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Special Instructions/Notes:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_