

**Physician's Order for Administration of
Nonprescription Medicine for Children Under the Age of Two**

I prescribe nonprescription medicine for (child's name) _____

Child's weight:_____ Child's date of birth:_____

Acetaminophen (Tylenol)

Dosage:_____

Reason for Acetaminophen is: fever, teething, other_____

Ibuprofen (Advil, Motrin)

Dosage:_____

Reason for Ibuprofen is: fever, teething, other_____

Please also give dosages for Pedia Care, Tylenol Cold, and any other medicines this child may commonly use:

Physician's signature_____ Date_____

Clinic, office or hospital name_____

Clinic, office or hospital phone number_____

Parent's signature_____ Date_____

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