5				Today's Date:					
		Parent's Signature:							
Name of Prescribed Medication:			* Dosage Prescribed:						
Sched	lule 1		Sche	dule 2		Sched	ule 3	(Write in Directions	
□ Every 4 hours□ 4 times a day□ 3 times here, 1 time at home			☐ Every 6 hours ☐ 3 times a day ☐ 2 times here, 1 time at home						
Date	Time	Name of Staff Administering Medication	Date	Time	Namea of Staff Administering Medication	Date	Time	Name of Staff Administering Medication	
				,					