



Medicines Needed at School or Child Care

Child's name _____

Diagnosis _____

Medicine name _____

Dosage _____

Potential side effects _____

When to give medicine at school or day care:

Thank you. Please call if you have any questions.

Physician's name _____

Physician's signature _____ Date _____

Physician's phone number _____

*NOTE: This information is provided as a public educational service. The information does not replace any of the instructions your physician gives you. If you have a medical emergency please call 911 or call the Hospital at (208) 529-6111. If you have questions about your child's care, please call Idaho Falls Pediatrics at (208) 522-4600.