

**CAROLINA FAMILY CONNECTIONS
MEDICATION ORDERS**

CLIENT:		RECORD NUMBER:	
ALLERGIES:		DRUGSTORE:	
The physician should list all prescribed medication. Discontinues medication should be dated and marked through with a single line. Staff/foster parent should list prescription number (Rx #).			
Date	Medication Name	Dosage	Administration Directions
Purpose	Potential Side Effects	# of Refills Authorized	
Discussed Medication With Child: Yes No (circle one)			
Next Appt. Date	Rx #	Physician's Signature	Date D/C

Date	Medication Name	Dosage	Administration Directions
Purpose	Potential Side Effects	# of Refills Authorized	
Discussed Medication With Child: Yes No (circle one)			
Next Appt. Date	Rx #	Physician's Signature	Date D/C