

EAST BRUNSWICK RECREATION & PARKS

Daisy Recreation Program

Physician's Instructions for Administration of Medication at the Daisy Recreation Program

Please list ALL medications, supplements, treatments, dose and times of administration including daily and PRN medication and treatments to be administered at Daisy.

Participant Name: _____

Address: _____

To be completed by Physician:

<u>Date of Order</u>	<u>Name of Medication</u>	<u>Dose</u>	<u>Instructions</u>

Physician's Name: _____

Address: _____

Phone # _____ Fax# _____

Physician's Signature: _____

Physician's Office Stamp Required

