

**The following form must be completed and signed by
the child's physician**

**Catharine Street Community Center
Individualized Order Form**

Individualized Orders for: Name: _____

DOB: _____

Weight: _____

The Center's Staff will only be permitted to dispense medications to a child listed on this form by your child's doctor.

STANDARD OVER THE COUNTER/PRN MEDICATIONS (The following medications are available in our Infirmary and will be administered at the discretion of our Staff, if approval is indicated by your child's healthcare provider.):

Drug Name	Route	Dosage/Schedule	Indications	Child's Health Care Provider Order	
Caladryl Clear	Topical	Per Label Instructions	Insect bites, minor skin irritations and rashes	Yes	No
Antibiotic Ointment	Topical	Per Label Instructions	Superficial cuts/abrasions	Yes	No
Hydrogen Peroxide	Topical	Per Label Instructions	Cleanse minor cuts, scratches, and abrasions of the skin	Yes	No

Signature: _____

(Health Care Provider)

Date: _____