



RECORD OF MEDICATION ORDER

State Form 49968 (R3 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

All medications, medicinal products, physician's sample medications, and medicinal skin care products given or used at a child care center must include the exact name of medication, dosage to be given, time to be given and reason for use. (If used for fever, the degree of temperature must be stated.) A prescriber order is valid for one (1) year.

1. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use: -----		
Signature of physician / nurse practitioner		Date (<i>month, day, year</i>)
2. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use: -----		
Signature of physician / nurse practitioner		Date (<i>month, day, year</i>)
3. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use: -----		
Signature of physician / nurse practitioner		Date (<i>month, day, year</i>)
4. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use: -----		
Signature of physician / nurse practitioner		Date (<i>month, day, year</i>)
5. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use: -----		
Signature of physician / nurse practitioner		Date (<i>month, day, year</i>)