



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>)