



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>) |