



# RECORD OF MEDICATION ORDER

State Form 49968 (R2 / 11-11)

BUREAU OF CHILD CARE  
DIVISION OF FAMILY RESOURCES

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 physician's order is valid for one 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> )