Arthur M. Glick JCC
6701 Hoover Road, Indianapolis, IN 46260
Phone: (317) 251-9467 | Fax: (317) 251-9493 | www.JCCindy.org | ECE@JCCindy.org

Medication Record

RECORD OF MEDICATION ORDER

State Form 49968 (R / 12-06) / BCC 0018

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