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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 (<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>)