



RECORD OF MEDICATION ORDER
 State Form 45877 (R3 / 10-02) / BCD 0054

CHILDCARE HEALTH SECTION
 BUREAU OF CHILD DEVELOPMENT
 DIVISION OF FAMILY AND CHILDREN

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.)*

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		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		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		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		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		Date (<i>month, day, year</i>)

Parent's signature _____