

Medication record

Childs name:	Date of birth:	

To be completed by the parent/Guardian									To be completed by the educator when administered						
Name of medication	La admin	ast istered	To be administered (or circumstances to be administered)		Dosage to be administered	Method of administration	Signature of parent/ guardian	Medication administe			Method of administration	Name of educator administering	Signature of educator administering	Signature of parent/guardian	
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To be completed by the parent/Guardian									To be completed by the educator when administered							
Name of medication	Last administered		Last		To be administered (or circumstances to be administered)		Dosage to be administered	be Method of	Signature of parent/ guardian	Medication administered		Dosage administered	Method of administration	Name of educator administering	Signature of educator administering	Signature of parent/guardian
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