Medication Record – (Parent to complete)

Childs name: ..... Date of birth: .....

To be completed by the parent/guardian							
Name of medication	Last administered		To be administered (or circumstances to be administered)		Dosage to be administered	Method of administration	Signature of parent/Guardian
	Time	Date	Time	Date			

Medication Record – (Staff to complete)

Childs name: ..... Date of birth: .....

To be completed by the educator when administered							
Medication administered		Dosage Administration	Method of administration	Name of educator administering	Signature of educator administering	Name of witness	Signature of witness
Time	Date						