

## **Medication Record**

Childs name: Date	e of birth:
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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 administered		To be administered (or circumstances to be administered)		Method of administration	Signature of parent/Guardian	Medication administered		Dosage Administration	Method of administration	Name of educator administering	Signature of educator administering	Name of witness	Signature of witness
	Time	Date	Time	Date	Dosage to be administered	a ⊆ ⊆		Time	Date	DC	ad	ad ad	Sig	S S	Sig