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

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| 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** |
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Child’s name: ......................................................................................................... Date of birth: ...................................................................................................

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| 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 |
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