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 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Child’s 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 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |