



# Administration of Medication Record

CHILD'S NAME:						CLASS:		CONTACT:				
<b>IMPORTANT</b>		1. MEDICATION LABELLED WITH CHILD'S NAME. 2. MEDICATION NOT EXPIRED.										
To be completed by <u>Parent/Guardian</u>							To be completed by <u>Educator</u>				Parent's Signature Upon Collection	
Name of Medication	Type of Medication		To be Administered		Dosage	Parent's Signature	Date	Medication Administered		Dosage		Educator's Name & Signature
	Prescribed	Non- Prescribed	Date	Time				Date	Time			