

Medication record

Childs name: Date of birth:

	To be completed by the parent/guardian														To be completed by the educator when administered									
Name of medication		Last administered		To be administered (or circumstances to be administered)		Dosage to be administered		Method of administration		Signature of Parent/ Guardian		Medication administered		Dosage administered		Method of administration		Name of educator administering	Signature of educator administering	Name of witness	Signature of witness			
		Time	Date	Time	Date							Time	Date					Nam	Signat	Nar	Signa			