

Medication Record

Child's 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 or administration	Signature of parent/guardian	Medication administratio n		Dosage Administration	Method of administration	Name of educator administrating	Signature of educator administrating	Name of witness	Signature of witness	Signature of parent/ guardian	
	Time	Date	Time	Time Date	Do	ad		Time	Date	Dc	ad	ad ad	Sig ad	Ž	Si£	ļ	