## Medication Record

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

| To be completed by the parent/guardian | | | | | | | | To be completed by the educator when administered | | | | | | | |
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| 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 Administration | Method of administration | Name of educator administering | Signature of educator administering | Name of witness | Signature of witness |
| | Time | Date | Time | Date | | | | Time | Date | | | | | | |
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