**Medication Record** 

**Name of Service: ………………………………………………………………………………………………………………**

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

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| 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 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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