

**Medication Record**

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

Educator's name: .....

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	Educator's signature
	Time	Date	Time	Date				Time	Date			