|  |
| --- |
| Name of child: |
| Class: | Date: |
| **Only prescribed medication can be administered** |  |
| Name of medication:  |
| Dosage:  |
| Medication to be administered by child/staff: |
| Dates & times medication is to be administered enter below: |
| **Day 1 date:****Time1:****Time2:****Time 3:** | **Day 2 date:****Time1:****Time2:****Time 3:** | **Day 3 date:****Time1:****Time2:****Time 3:** | **Day 4 date:****Time1:****Time2:****Time 3:** | **Day 5 date:****Time1:****Time2:****Time 3:** |
| Parent Signature: | Staff name: |

**FOR OFFICE USE ONLY: Record of medication administration:**

|  |
| --- |
| **Day 1:** |
| Date: |  |  |  |
| Time given: |  |  |  |
| Staff Name:  |  |  |  |
| **Day 2:** |
| Date: |  |  |  |
| Time given: |  |  |  |
| Staff Name:  |  |  |  |
| **Day 3:** |
| Date: |  |  |  |
| Time given: |  |  |  |
| Staff Name:  |  |  |  |
| **Day 4:** |
| Date: |  |  |  |
| Time given: |  |  |  |
| Staff Name:  |  |  |  |
| **Day 5:** |
| Date: |  |  |  |
| Time given: |  |  |  |
| Staff Name:  |  |  |  |