|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: |  |  |  |