

## **Medication Record**

| To be completed by the parent/guardian |                      |      |  |      |                              |                             |                              | To be completed by the educator when administered |      |                          |                           |                                   |  |                 |                      |
|--|----------------------|------|--|------|------------------------------|-----------------------------|------------------------------|---|------|--------------------------|---------------------------|-----------------------------------|--|-----------------|----------------------|
| Name of<br>medication                  | Last<br>administered |      | To be administered (or circumstances to be administered) |      | Dosage to be<br>administered | Method of<br>administration | Signature of parent/Guardian | Medication<br>administered                        |      | Dosage<br>Administration | Method of administrati on | Name of educator<br>administering | Signature of educator<br>administering | Name of witness | Signature of witness |
|  | Time                 | Date | Time   | Date | DC<br>ad                     | ad                          |                              | Time  | Date |                          |                           | Na<br>ad                          | Sig                                    | Na              | Sig                  |
|  |                      |      |  |      |                              |                             |                              |   |      |                          |                           |                                   |  |                 |                      |
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