BENOWA HILLS EARLY LEARNING
Children's Centre of Excellence

MEDICATION RECORD

Childs name: ..... Date of birth: _____ / _____ / _____ ROOM: .....

To be completed by the parent/guardian								To be completed by the educator when administered							
Name of medication	Last administered		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						