

INDIVIDUAL "PRESCRIPTION" MEDICATION RECORD

PLEASE NOTE: This form to be used when a child is on medication for an extended

period of time, or when individual medication records for each child

are required.

ONE SHEET PER MEDICINE PLEASE

Medications given prior to	arriving at the Day Home, incit	iding times:
		Parent Initial:
To be completed be pare	nt/guardian.	
Child's Name:		
Medication:		
Prescription:		
Doctors Name:		
Amount to be Given:		
Dates to be Given :	Start date	
	Finish date	(maximum 2 weeks)
Exact times to be Given	:	
Special Instructions: (e.ç	g., to be taken with food)	
Date:		
Signature of Parent/Gua	ardian	

To be completed by the staff at the time medication is given

Date	Medication	Dosage	Time	Staff Signature	First Aid

File: My docs/forms/daycare forms/medication record Revised July 2007/Revised Oct 2010/Revised Aug 2013