Record of Medication Administration

1. This form must be completed by the leader in-charge.
2. A Child Registration form AND Medication Authority form must be completed prior to the completion of this form.
3. When the child is collected, the leader completing the record should confirm with the parent's initials that the medication was given.
4. This form is to be stored with the child's Registration form and Medication Authority form.

Child's Name:	DOB	

Date		Medication	Dose given	Time given	Name of person administering medication		Medication dose and label checked	Initial	Parent initial
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