



ADMINISTRATION OF MEDICATION RECORD

Childs name: Date of birth:

To be completed by the parent/carer							To be completed by the educator when administered							
Name of medication	Last administered		To be administered (or circumstances to be administered)		Dosage to be administered	Method of administration	Signature of parent/carer	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										