

MEDICATION RECORD

Medication is only to be given in its original container and only for the child stated on the label. <u>Medication must be stored in a child proof container</u>. KEEP OUT OF REACH OF CHILDREN.

Child's Name:						Date of Birth:				
Date	Name of Medication	Last Dose Given	Dose to be Given	Time to be Given	Parent signature	Method of Administration i.e., by mouth, with food.		Dose given by educator	Time given by educator	Educator Signature



Educator's Name:

Queanbeyan-Palerang Family Day Care 257 Crawford Street, Postal: PO Box 90 Queanbeyan NSW 2620 Telephone: 02 6285 6253 Email: info.fdc@qprc.nsw.gov.au

Date	Name of Medication	Last Dose Given	Dose to be Given	Time to be Given	Parent signature	Method of Administration i.e., by mouth, with food.	Dose given by educator	Time given by educator	Educator Signature

Educator's Signature: Date:

This form is to be returned to the Co-ordination Unit when completed, or when the child ceases care with the educator.