

LONG TERM MEDICATION RECORD

KATH DICKSON FAMILY DAY CARE METROPOLITAN AND EAST COAST SERVICES | 1300 336 345

Educator first na				Educator surname:								
				Parent surna	me:	ParentSignature:						
Child first name:				Child surname	e:	Child's Date of Birth:						
Practitioner. You	ı give permissio				been completed in ed medication in ac	•		_				
MEDICATION Name of Medica		on Packaging):					Prescribed D	osage:				
					Prescribed Dosage: Medical Practitioner Prescribing Medication:							
					Thi							
				(This is Annual	lly Reviewed along v	with Child's Medi	cal Managemer	nt/Action Plan f	rom the Child's	Medical Practiti	oner)	
EDUCATOR TO	COMPLETE WH	EN ADMINISTE	RED			EDUCATOR TO	COMPLETE WH	IEN ADMINISTE	RED			
Name of Medication	Dosage Given	Dosage Date	Given at Time	Signature of Educator Administering	Signature of Parent/Guardian	Name of Medication	Dosage Given	Dosage Date	Given at Time	Signature of Educator Administering	Signature of Parent/Guardian	
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EDUCATOR TO COMPLETE WHEN ADMINISTERED						EDUCATOR TO COMPLETE WHEN ADMINISTERED						
Name of Medication	Dosage Given	Dosage Given at Date Time		Signature of Educator Administering	Signature of Parent/Guardian	Name of Medication	Dosage Given	Dosage Given at Date Time		Signature of Educator Administering	Signature of Parent/Guardian	
		5415						2 4 10				

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