MEDICATION RECORD

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

Educator first name: _____ Educator surname: _____

Parent first name: _____ Parent surname: _____

Child first name: _____ Child surname: _____

By filling out this form you are providing your educator with permission to administer the below medication. 'Medication' includes 'over the counter', prescribed, homeopathic / natural medication, and paracetamol. A parent must give their child the first dose of medication, and notify the educator of all doses given in the past 24 hours. All medications must include the chemist label relating to the prescription. School aged children may self-administer medication with prior parental permission.

PARENT TO COMPLETE	Name of medication:							
	Date / time last administered:							
	Date / time of next administration:							
	Dosage to be administered:							
	Method of administration:							
	Parent / guardian signature:							
EDUCATOR TO COMPLETE	Date / time administered:							
	Reason for medicating:							
	Dosage given:							
	Method of administration:							
	Educator signature:							