



AT HOME FAMILY DAY CARE SCHEME ADMINISTRATION OF MEDICATION RECORD

National Regulations 92-96

Child's Name: _____ D.O.B: _____

Educator: _____

TO BE COMPLETED BY PARENT/GUARDIAN									EDUCATOR TO COMPLETE				PARENT/GUARDIAN SIGNATURE
DATE & TIME LAST ADMINISTERED	ANY SIDE EFFECTS FROM MEDICATION	DATE & TIMES TO BE ADMINISTERED	DOSAGE TO BE ADMINISTERED	METHOD	CIRCUMSTANCES	MEDICATION	EXPIRY /USE BY DATE	PARENT/GUARDIAN SIGNATURE	DATE & TIME ADMINISTERED	DOSE ADMINISTERED	METHOD	EDUCATOR SIGNATURE	TO BE SIGNED AT TIME OF COLLECTION



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