MEDICATION FORM

DATE: _____

NAME OF CHILD: _____

NAME OF MEDICATION: _____

IN THIS AN ONGOING MEDICATION: (ex: tylenols, puffer) _____

If this is an ongoing medication, please explain why: example teething, fever;

_____

DOSAGE: _____

SYMPTOMS: _____

TIME OF ADMINISTRATION: _____

START DATE: _____

END DATE/EXPIRY DATE: _____

STORAGE IN THE FRIDGE OR CUPBOARD: _____

PARENT SIGNATURE: _____

DATE	TIME	DOSAGE	COMMENTS/REASON	STAFF SIGNATURE

21-Dec-16 01-Feb-16 14-Dec-17