

Administration of Medication

ONE OF THESE FORMS MUST BE FILLED IN FOR EVERY DAY THAT A CHILD REQUIRES MEDICATION

Child's Name.....

Date.....

Medication.....

Reason for medication.....

Last dosage given.....

Next dosage to be given.....

Medication given in the last 24hrs.....

CHECK BOTTLE FOR EXPIRY DATE

Dosage Given	Time	Signed	Print Name	Witness Name	Manufacture & Batch No.

Advice given:

Parent's Signature.....