

## Individual Record of Medication Administration

<b>Name of child</b>	
<b>Date medicine provided by parent</b>	
<b>Year/ Form</b>	
<b>Name of medication</b>	
<b>Quantity received</b>	
<b>Expiry date/ end of medication course</b>	
<b>Dosage, method and frequency of medication</b>	

Date	Time	Dose administered	Staff signature 1 <i>(Print Name)</i>	Staff Signature 2 <i>(Print Name)</i>	Additional Comments