child development dayhomes
peace of mind

MEDICATION RECORD

CHILD'S NAME: _____

DATES TO BE GIVEN: Start date: _____ Finish Date: _____
(maximum 2 weeks)

MEDICATION: _____

AMOUNT TO BE GIVEN: _____

EXACT TIMES TO BE GIVEN: _____

SPECIAL INSTRUCTIONS (e.g. to be taken with food): _____

Medication given at home: _____

_____ _____
Date Signature of Parent/Guardian

To be completed by the Educator at the time the medication is required.

DATE	MEDICATION	DOSAGE	TIME	EDUCATOR INITIAL

***Form must be submitted to the CDDH office by the last working day of the month that the form is completed.**

DATE	MEDICATION	DOSAGE	TIME	EDUCATOR INITIAL