

Revised November 2019

INDIVIDUAL "NON-PRESCRIPTION" MEDICATION RECORD

NON-PRESCRIPTION MEDICATION HERBAL REMEDY

Medications given prior to arriving at the Day Home, including times: Parent Initial:					
To be cor	npleted be parent/g	uardian.			
Child's N	ame:				
	on:				
•					
	_				
	be Given:				
				(maximum	n 2 weeks)
Exact tim	nes to be Given:			(maximum	
Special I	nstructions: (e.g., to	be taken with fo	ood)		
Date:					
Signature	e of Parent/Guardia	ın			
J					
To be con Date	npleted by the staff a Medication	t the time med	ication is a		First Aid
Duit	Medication	Dosage	Time	Siajj Signature	1 ti st 21tu

Alberta Approved Family