

INDIVIDUAL "PRESCRIPTION" MEDICATION RECORD

PLEASE NOTE: This form to be used when a child is on medication for an extended period of time, or when individual medication records for each child are required.

ONE SHEET PER MEDICINE PLEASE

Medications given prior to arriving at the Day Home, including times:

_____ Parent Initial: _____

To be completed by parent/guardian.

Child's Name: _____

Medication: _____

Prescription: _____

Doctors Name: _____

Amount to be Given: _____

Dates to be Given : Start date _____
Finish date _____ (maximum 2 weeks)

Exact times to be Given: _____

Special Instructions: (e.g., to be taken with food) _____

Date: _____

Signature of Parent/Guardian _____

To be completed by the staff at the time medication is given

<i>Date</i>	<i>Medication</i>	<i>Dosage</i>	<i>Time</i>	<i>Staff Signature</i>	<i>First Aid</i>

Revised Aug 2013/Revised November 2019

