Medication Record	
Childs name:	Date of birth:

Educator ______, registered with All Kids Family Day Care Service

To be completed by the parent/guardian								To be completed by the educator when administered							
Name of medication			To be adminis (or circums to be adminis	stances	Dosage to be administered Method of administration		Signature of parent/Guardian	Medication administered		Dosage Administration	Method of administrati on	Name of educator administering	Signature of educator administering	Name of witness	Signature of witness
	Time	Date	Time	Date	DC	a Z		Time	Date			ad ad	Sig	Ž	Sig