MARY RICE
Early Learning Centre

Medication Record

Childs name: ____Date of birth:____/___/___

To be completed by the parent/guardian								To be completed by the educator when administered							
Name of medication	Last administered		To be administered (or circumstances to be administered)		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				Time	Date						