

Medication Record

Child's Name:

Date of Birth:

TO BE COMPLETED BY FDC EDUCATOR WHEN GIVING MEDICATION

Name of Medication [CHECK: original container; original pharmacy label; and Child's name on label]	Expiry Date	Last Administered		Circumstances for Administration	Dosage	Prescribed By	Administration Instructions	Period Medication to be Administered	Parent Signature	Medication Actually Administered		Dosage	Educator Signature
		Time	Date							Time	Date		

