

WALES STREET PRIMARY SCHOOL AGE CARE

Medication Record

Childs name:

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	aç DC	a ⊆		Time	Date			ad ad	Sig	N N	SiS	