

# RECORD OF DRUG/MEDICATION ADMINISTRATION

*This form must be completed by the person who is in charge of drugs and medications for the administration of **prescription or over-the-counter medications**, in accordance with the child care centre's medication administration policy and procedures.*

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**Child's Full Name:**

**Name of Drug or Medication:**

**Required Dosage:**

Date (dd/mm/yyyy)	Time (hh:mm am/pm)	Dosage Administered	Administered by	Full Name of Staff (and/or of Witness, where applicable)	Signature(s)	Comments/Observations (including symptoms of illness)
			<input type="checkbox"/> staff <input type="checkbox"/> child			
			<input type="checkbox"/> staff <input type="checkbox"/> child			
			<input type="checkbox"/> staff <input type="checkbox"/> child			
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