Camrose Caring for Children Children's Centre Since 1968

Family Day Home Program - INDIVIDUAL "PRESCRIPTION" MEDICATION RECORD for - INHALERS

PLEASE NOTE: This form to be used when a child is on medication for an extended period of time, or when individual medication records for each child are required Per Month.

ONE SHEET PER MEDICINE PLEASE ***- To be completed be parent/guardian.***

Child's Name: _____

Medication: _____

Prescription #: _____

Doctors Name: _____

Amount to be Given: _____

Dates to be Given: Start Date _____

Finish Date _____

Exact times to be Given: _____

Special Instructions: (e.g., to be taken with food) _____

_____

Date: _____ Signature of Parent/Guardian _____

To be completed by the Family Day Home Caregiver at the time medication is given

Date	***Medication***	***Dosage***	***Time***	***Family Day Home Caregiver Signature***	***First Aid***

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