Camrose
Caring for Children
children's
Since 1968
Centre

INDIVIDUAL "PRESCRIPTION" MEDICATION RECORD

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.

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 _____ (maximum 2 weeks)

Exact times to be Given: _____

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

_____

Date: _____ Signature of Parent/Guardian: _____

To be completed by the staff at the time medication is given

Date	*Medication*	*Dosage*	*Time*	*Staff Signature*	*First Aid*

©Camrose Children's Centre, March 17, 2008