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 Camrose Children's Centre Staff Caregiver at the time medication is given*

| ***Date*** | ***Medication*** | ***Dosage*** | ***Time*** | ***Caregiver Signature*** | ***First Aid*** |
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