Camrose Caring for Children Children's Centre Since 1968

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 by parent/guardian.**

FOR INHALERS (ASTHMA) PER MONTH

Child's Name _____

Medication:

Prescription #: _____

Doctors Name: _____

Medication/Herbal Remedies given prior to arriving at the Day Home, including times:

_____ Parent Initial: _____

Amount to be Given: _____

Dates to be Given : Start date _____

Finish date _____

When 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

	Medication	***Dosage***	***Date***	***Staff Signature***	***First Aid***
Created Feb 2010	***Revised Oct 2010***				