Camrose Family Day Home Program

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

Medications given prior to arriving at the Day Home, including times:

_____Parent Initial: _____

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*

File: My docs/forms/daycare forms/medication record Revised July 2007/Revised Oct 2010