



## **Children's Choice Community Child Care Services** **Medication or Herbal Remedies Record**

CHILD'S NAME: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

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: \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

**\* Please return remaining medication to the parent/guardian at the end of the authorized term.**

**\* It is best practice that any educator that administer medication must have first aid.**

**\*All medication brought into the home must be in original packaging.**

**\*Medication must be administered as per instructions on packaging unless a doctor's note/letter is accompanying.**

DATE	MEDICATION	DOSAGE	TIME	EDUCATOR SIGNATURE	LAST TIME MEDICATION WAS GIVEN

