Form 12

INDIVIDUAL CHILD'S RECORD OF MEDICATIONS GIVEN

Dear Parent: Please complete this form and return along with medication.

Child's name _____

Illness _____

_____

Medication _____

_____

Dosage _____

_____

Dates to be given _____

Times to be given _____

I authorize the child care staff to administer the above medication from

_____ until _____

DATE DATE

Parent's signature _____ Date _____

This part will be filled out by the caregiver:

Date	Medication Given	Dose	Time given	Given by