

RECORD OF MEDICATION ADMINISTERED

STOP

Does the child have any known allergies to the medication you are about to administer? Is the medication within the expiration date?

Always use the medication as per the manufacturer's instructions and as per your health care providers' instructions!

Securely store the medication immediately after the dose has been administered!

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Childs Name:	Childs Name:	Childs Name:	Childs Name:	Childs Name:	Childs Name:	Childs Name:
Name of Medication:	Name of Medication:	Name of Medication:	Name of Medication:	Name of Medication:	Name of Medication:	Name of Medication:
Time & Dose Given: - - - - - - - -	Time & Dose Given: - - - - - - - -	Time & Dose Given: - - - - - - - -	Time & Dose Given: - - - - - - - -	Time & Dose Given: - - - - - - - -	Time & Dose Given: - - - - - - - -	Time & Dose Given: - - - - - - - -

