

**Brookview Community Preschool
MEDICATION RECORD**

ANY MEDICATION TO BE ADMINISTERED MUST BE IN THE ORIGINAL LABELLED CONTAINER & WILL ONLY BE ADMINISTERED ACCORDING TO THE LABELLED DIRECTIONS ON THE CONTAINER.

Section 1: This portion of the form is to be completed by parent/guardian, ensure all sections are complete.

CHILD'S NAME: _____

MEDICATION: _____

AMOUNT TO BE GIVEN: _____

START DATE OF MEDICATION: _____

FINISH DATE OF MEDICATION: _____

EXACT TIME OF MEDICATION: _____

METHOD OF ADMINISTRATION: _____

LIST OF SYMPTOMS RELATED TO THE NEED FOR MEDICATION:

PARENT SIGNATURE: _____

DATE: _____

Section 2: This portion of the form is to be completed by the teacher administering the medication.

DATE	NAME OF MEDICATION	DOSAGE	TIME ADMINISTERED	TEACHER'S SIGNATURE