

# Medication Administration Form

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Details of condition requiring medication:

Name of medication: \_\_\_\_\_

Instructions/ dosage for medication: \_\_\_\_\_

## Consent:

Childminder's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Record of Medication					
Date	Time (am)	Time (pm)	Amount given	Signature of Childminder	Reaction from child/Comments

**Please note: medication should be stored in its original container with the child's name and dosage instructions clearly marked on it. It should be stored according to the instructions and in a safe place.**