



Moree Family Support

ADMINISTRATION OF MEDICATION RECORD

This form is to be used when a medication is required to be administered whilst a child is attending After School Care or Vacation Care.

After School Care – if medication will be regularly administered at school, the approximate time of administration needs to be recorded under educator section – Medication Administered (time and date) – this information can be found on the child’s Medical Management Plan

Child’s Name:								Date of Birth:							
To be completed by the parent/guardian								To be completed by the educator when administered							
Name of medication	Last administered		To be administered (or circumstances to be administered)		Dosage to be administered	Method of administration	Signature of parent/Guardian	Medication administered		Dosage Administration	Method of administration	Name of educator administering	Signature of educator administering	Name of witness	Signature of witness
	Time	Date	Time	Date				Time	Date						



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