



# RECORD OF ADMINISTRATION OF MEDICINE

For all medications - check time of last dosage and ensure subsequent dosage is given according to prescriber details

DATE/TIME	NAME OF CHILD	CLASS
CONSENT CHECKED? Written or verbal (if verbal, who)?		
NAME OF MEDICATION		

REASON FOR MEDICATION	PHARMACY LABEL PRESENT/DATE DISPENSED
DOSAGE	LENGTH OF COURSE
EXPIRY DATE	BATCH NUMBER

STAFF SIGNATURE	MEDICATION SLIP GIVEN
Sign	
Print	
Date	

PARENT/CAREGIVER SIGNATURE
Sign
Print
Date