

**Child's Name:** \_\_\_\_\_

**EMERGENCY MEDICATION RECORD**

Name of Medication	Corresponding Condition (list allergens if applicable)	Expiry date	Dosage	Signs and Symptoms	Special Instructions/Notes

**NON-EMERGENCY MEDICATION RECORD**

Name of Medication	Corresponding Condition	Start/end date	Dosage	Time to administer	Special Instructions/Notes (e.g. take with food)

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

**To be completed by staff EVERY TIME a medication is administered:**

DATE	MEDICATION	DOSAGE	TIME	STAFF NAME & SIGNATURE	SUPERVISOR NAME & SIGNATURE