



Medication Administration Form

Name of Child:

	Date	Name of Medication	Date the Medication was last administered	Time the Medication was last administered	Time, Date or circumstances under which the medication should be next administered	Dosage of medication to be administered	Parent/ Guardian Signature
1.							
2.							
3.							
4.							
5.							
6.							

	Name of Staff Member who checked Dosage administered (Staff 1)	Name of staff Member who administered the Medication (Staff 2)	Dosage Administered	Date the Medication was administered	Time the Medication was Administered	Signature of staff member who checked Dosage (Staff 1)	Signature of staff member who administered medication (Staff 2)
1.							
2.							
3.							
4.							
5.							
6.							