child development dayhomes
peace of mind

MEDICATION RECORD

All medication shall be in the original labeled container and be administered by the Educator according to directions on the label. Medication must be labeled with the Physician's name, the child's name, the date of issue, pharmacy name & number, and the Physician's instructions for administration.

CHILD'S NAME: _____

DATES TO BE GIVEN: Start date: _____ Finish Date: _____
(maximum 2 weeks)

MEDICATION: _____

AMOUNT TO BE GIVEN: _____

EXACT TIMES TO BE GIVEN: _____

SPECIAL INSTRUCTIONS (e.g. to be taken with food): _____

Medication given at home: _____

_____ _____
Date Signature of Parent/Guardian

To be completed by the Educator at the time the medication is required.

DATE	MEDICATION	DOSAGE	TIME	EDUCATOR INITIAL

***Form must be submitted to CDDH by the last working day of the month that the form is completed.**

DATE	MEDICATION	DOSAGE	TIME	EDUCATOR INITIAL