Form 12

INDIVIDUAL CHILD'S RECORD OF MEDICATIONS GIVEN					
Dear Parent: Please complete this form and return along with medication.					
Child's name					
Medication _					
Dosage					
Dates to be given					
Times to be given					
	e child care staff to admin		edication from		
DATE		DATE			
Parent's signature Date					
This part will be filled out by the caregiver:					
Date	Medication Given	Dose	Time given	Given by	