Medication Record 2019-20

חיים FRS KINDERGARTEN
Nurturing as our future flourishes

Name of child		Name of doctor	
Name of medication		Expiry date	
Dosage		Method of administration	
Time(s) at which medication is to be administered		Circumstances in which medication is to be administered (if for emergency use)	
I confirm that the medication, dosage and timings indicated above are correct and authorise the setting to administer them:	Parent's signature: Date:		

Date	1 Quantity administered	Time administered	Signature of staff administering dosage and witness	2 Quantity administered	Time administered	Signature of staff administering dosage and witness

Date	1 Quantity administered	Time administered	Signature of staff administering dosage and witness	2 Quantity administered	Time administered	Signature of staff administering dosage and witness