

APPENDIX B

RECORD OF DRUG/MEDICATION ADMINISTRATION

*This form must be completed by the person who is in charge of drugs and medications for the administration of **prescription or over-the-counter medications**, in accordance with the child care centre's medication administration policy and procedures.*

Child's Full Name:

Name of Drug or Medication:

Required Dosage:

Date (dd/mm/yyyy)	Time (hh:mm am/pm)	Dosage Administered	Administered by	Full Name of Staff (and/or of Witness, where applicable)	Signature(s)	Comments/Observations (including symptoms of illness)
			<input type="checkbox"/> Prog Coordinator <input type="checkbox"/> child			
			<input type="checkbox"/> Prog Coordinator <input type="checkbox"/> child			
			<input type="checkbox"/> Prog Coordinator <input type="checkbox"/> child			
			<input type="checkbox"/> Prog Coordinator <input type="checkbox"/> child			
			<input type="checkbox"/> Prog Coordinator <input type="checkbox"/> child			
			<input type="checkbox"/> Prog Coordinator <input type="checkbox"/> child			

Special Instructions:

- Comments and observations should include details such as symptoms and/or reactions observed, children's comments relating to the medication administration, rationale if a scheduled dosage was missed or administered late, etc.
- Attach a copy of the Authorization for Medication Administration form to the record.