

Medication Administration Form

Child's Name: _____ Date of birth: ____ / ____ / ____

Address: _____

Details of condition requiring medication:

Name of medication: _____

Instructions/ dosage for medication: _____

Consent:

Childminder's Signature: _____ Date: ____ / ____ / ____

Parent/ Guardian Signature: _____ Date: ____ / ____ / ____

Record of Medication					
Date	Time (am)	Time (pm)	Amount given	Signature of Childminder	Reaction from child/Comments

Please note: medication should be stored in its original container with the child's name and dosage instructions clearly marked on it. It should be stored according to the instructions and in a safe place.