

# Medication Administration Record

(Scheduled, As Needed/Special Circumstances)

Medication that is prescribed by a doctor and is to be given based on the children's need using good judgment and consultation with the parent/legal guardian)

**CHILD MUST BE ON MEDICATION FOR 24 HOURS BEFORE RETURNING TO THE CENTRE**

Child's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication /Treatment Information	
Reason	
Name of Medication:	
Time to administer:	
Description Expiration Date: _____	<input type="checkbox"/> Liquid <input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Spray <input type="checkbox"/> Other _____
Storage	<input type="checkbox"/> Fridge <input type="checkbox"/> Room Temperature

Administration Type – Please Tick Appropriate Box	
To be administered at the Centre: Start Date ____/____/____ End Date ____/____/____	
<input type="checkbox"/> Scheduled Medication	First dose given at home on: ____/____/____
<input type="checkbox"/> As Needed (Inhaler, Benadryl, Medicated Cream, etc) at the onset of Symptoms such as:	
<input type="checkbox"/> Self-Administered	

Administration Instructions:  
\_\_\_\_\_  
\_\_\_\_\_

Stop Medication/Treatment if ...  
\_\_\_\_\_  
\_\_\_\_\_

I release Aurora Children's Centre and its employees from any liability, however caused, arising out of administering, or failure to administer, the medication provided herein.

Parent/Guardian NAME & Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor/Designate Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication is administered by the RECE/Assistant in the classroom. If medication is not administered please indicate why.

Date: dd /mm/yr (Reason if Required)		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Supervisor/Designate Signature for 'As Needed' ONLY
	Time(to be)given	_____ am/pm	_____ am/pm	_____ am/pm	
	Staff Sign				
	Time(to be)given	_____ am/pm	_____ am/pm	_____ am/pm	
	Staff Sign				
	Time(to be)given	_____ am/pm	_____ am/pm	_____ am/pm	
	Staff Sign				
	Time(to be)given	_____ am/pm	_____ am/pm	_____ am/pm	
	Staff Sign				
	Time(to be)given	_____ am/pm	_____ am/pm	_____ am/pm	
	Staff Sign				

