



Medication Administration

Child's Name: _____ Date: _____

Medication: _____ Dosage: _____

Time To Be Administered: _____

Parent Signature: _____

(We must have your signature to be able to administer this medication.)

Teacher Use:

Administered at: _____ *By:* _____

Administered at: _____ *By:* _____

Administered at: _____ *By:* _____

Administered at: _____ *By:* _____

Administered at: _____ *By:* _____



Medication Administration

Child's Name: _____ Date: _____

Medication: _____ Dosage: _____

Time To Be Administered: _____

Parent Signature: _____

(We must have your signature to be able to administer this medication.)

Teacher Use:

Administered at: _____ *By:* _____

Administered at: _____ *By:* _____

Administered at: _____ *By:* _____

Administered at: _____ *By:* _____

Administered at: _____ *By:* _____