Preschool – Administration of Medication Record
Caroline Chisholm School – Chisholm Preschool Unit

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Chisholm ACT 2905
Australia
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Junior Campus
Phone: (02) 614 23555
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Senior Campus
Phone: (02) 614 23550
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Medication Record

Childs Name: DOB: Preschool Group:

To be completed by the Parent/Carer								To be completed by the Educator and Witness when administered					
Name of Medication	**Last Administered**		**Time & Date of next medication**		**Dosage Method**		**Signature of Parent/Carer**	**Medication Administered**		**Dosage Administered**	**Method of Administration**	**Administering Educators Name & Signature**	**Verification Name & Signature**
	Time	**Date**	**Time**	**Date**				**Time**	**Date**				