Community Child Care Inc.

Record of Medication/Herbal Remedy Administration

To be completed by parent/guardian
Child's Name:
Medication/Herbal Remedy:
Dosage:
Dates to be Given: Start Date: Finish Date: Exact Time to be Given:
Special Instructions (e.g.: to be taken with food)

Signature of Parent/Guardian	Date (mm/dd/yy)

To be completed at the time the medication is administered

Date	Medication	Dosage	Time	Staff Signature