



Family Matters Family Home Childcare

Record of Medication Administered

	Date	Dose	Time Administered	Provider Initials	Comments, side effects, etc.
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Name of Medicine: _____ Prescribing Doctor: _____

Prescribed Dosage (***Amount*** and ***Times*** to be administered)

I hereby give my permission for my child _____ to be given the above named medicine at the dosage noted for the following dates _____ in _____'s family day home.

Medicine MUST be given to provider in Original Packaging in order for it to be administered.

Parent/Guardian

signature: _____ Date: _____