Sample Administration of

Prescribed Medicine Record Sheet

NAME OF CHILD:

DOB:

Parents/Carers Signature	*Medication*	*Expiry Date*	*Dosage*	*Duration of medication*	*Parents/Carers Signature*	*Date & Time*	*Administered by*	*Witnessed by*

SAMPLE

This sample policy is developed by DCCC as a guideline document for childcare services .It is intended that the policy is adapted to suit each individual service.
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