SPRINGBANK COTTAGE CHILDCARE

Record of Medication/Herbal Remedy Administration

	To be completed by pare	nt/guardian
Child's Name:		
Medication/Herbal remed	ty:	
Amount to be given:		le i Turak ka
Dates to be given		Exact Times to be
Start Date:	Finish Date:	Given:
Special Instructions (e.g.	to be taken with food):	
	•	
Parent/Guardian Signatu	re	year / month / day

To be completed at the time medication is administered					
Date	Medication	Dosage	Time	Staff Signature	
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1			1		