

**Administration of
Prescribed Medicine Record Sheet**

NAME OF CHILD:

DOB:

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