

# 4.6.2 Currumbin Kids Club Medication Record



Childs name: ..... Date of birth: .....

To be completed by the parent/guardian								To be completed by the educator when administered <i>*Educator administering and Educator witnessing must both have a current First Aid qualification.</i>							
Name of medication	Last administered		To be administered (or circumstances to be administered)		Dosage to be administered	Method of administration	Signature of parent/Guardian	Medication administered		Dosage Administration	Method of administration	*Name of educator administering	Signature of educator administering	*Name of witness	Signature of witness
	Time	Date	Time	Date				Time	Date						
