INDIVIDUAL CHILD'S RECORD OF MEDICATIONS GIVEN

Parent: completes top of form and brings to ECI with medication
Be certain the **medicine container** is clearly marked with:

1. Name of the student,
2. Type of medication
3. The dosage of single tablet or pill

Child's Name _____

Medication _____

Dose _____ Time to be given_____

Administration of Medication authorized by _____
Parent signature date

Date: _____

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Date	Medication Given	Dose	Time	Given By

Side 2
Parent: complete top of form and bring to ECI with medication.
Be certain the medicine container is clearly marked with the name of the student, the type of medication and dosage

Child's Name ____

Medication ____

Dose _______________________________ Time to be given_______

Date	Medication Given	Dose	Time	Given By