

IGS Early Learning Centre Medication Administration Record Form



Name of Child: _____ Date of Birth: ____/____/____

To be completed by the parent / guardian							To be completed by the ELC staff member when administered						
Name of medication	Last administered		To be administered		Dosage	Method of administration	Signature of parent/ guardian	Medication administered		Dosage	Method of administration	Staff member administering (1st aid qualified)	Staff member witnessing
	Date	Time	Date	Time				Date	Time				
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