



Yogies Playhouse Medication Record

Child Name: _____

DOB: _____

Please be advised that we cannot administer any medication without a letter from the doctor, or a chemist sticker with the correct name and dosage clearly written on it.

To be completed by Parent/Guardian

Name of Medication		Last Administered		To be administered next	
		Time	Date	Time	Date
Dosage	Method of administration	Parent Name		Parent Signature	

To be completed by Educators

Name of Medication		Medication Administered		Dosage Administered	Expiry Date
		Time	Date		
Administered by			Witnessed by		
Name	Signed		Name	Signed	

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