



## Children and Youth Medication Record

Prescription medications must be brought in the original container, indicating participant's name, the dosage, directions for use and medication type. Non-prescription medications must be brought in the original container.

Name

Name of Physician

Nature of illness being treated

Medication(s)

Dates to be given

Start date

End date

Amount(s) to be given

Exact times to be given

### Special Instructions (i.e. with food, etc.)

### Medication Administration Record (completed by staff)

Date	Medication	Dosage	Time	Staff Signature

### Signatures

Parent/Guardian Signature

Date