

Kids paradise Daycare
Medication Record(form)

To be completed by parent when the child is on a medication for an extended period of time, or when individual medication record is required for the child.

Child's Name _____ Date of Birth _____

Is Medication given at Home? ☐ Yes s ☐ No. Exact time of the Medication given at home _____am.

Medication _____ Dosage _____ to be given at Daycare.

Start Date _____ End Date _____

Special Instructions _____

Parent's Signature _____ Date _____

Staff will check for 30 min after giving the medication for any reactions.

To be completed by the staff at the time medication is given:

Date	Medication	Dosage	Time	Allergic reaction noted	Staff Signature

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[illegible]