

Manly OOSH Medication Record

Parents Responsibility:

- 1. Complete Manly OOSH Medication Form
- 2. Hand the medication to an educator in its original container with the instructions clearly visible and the child's full name written on.
- 3. Discuss any special requirements with the educator and ensure they are clearly stated on the medication form.
- 4. Collect the medication at the time of the child's collection or completion of the course of medication.

Childs full name:			/ Date of birth://				
		To be c	ompleted	by the parer	nt/guardian		
Name of medication	Last admi	Last administered		ninistered estances to be red)	Dosage to be administered	Method of administration	Signature of parent/guardian
	Time	Date	Time	Date			

To be completed by the educator when administered											
Time medica administere		Dosage Administered	Method of administration	Name of educator administering	Signature of educator administering	Name of Witness	Signature of witness				
Time	Date										