Medication Administration

To be completed by Parent/Carer

DATE	CHILD'S NAME	NAME OF MEDICATION	EXP. DATE	DOSAGE	TIME TO BE ADMINISTERED	PARENT/CARER SIGNATURE

To be completed by Playworker

DATE	CHILD'S NAME	NAME OF MEDICATON	EXP. DATE	DOSAGE	TIME ADMINISTERED	PLAYWORKER SIGNATURE	SELF - ADMINISTERED