

*Little Lambs Home Daycare*

**RECORD OF DRUG/MEDICATION ADMINISTRATION**

*This form must be completed by the provider for the administration of prescription or over-the-counter medications, in accordance with the home child care agency's medication administration policy and procedures.*

**Child's Full Name:** \_\_\_\_\_ **Name of Drug or Medication:** \_\_\_\_\_

**Name of Provider:** \_\_\_\_\_ **Required Dosage:** \_\_\_\_\_

Date (dd/mm/yyyy)	Time (hh:mm am/ pm)	Dosage Administered	Administered by	Signature	Comments/Observations (including symptoms of illness)
			<input type="checkbox"/> provider <input type="checkbox"/> child		
			<input type="checkbox"/> provider <input type="checkbox"/> child		
			<input type="checkbox"/> provider <input type="checkbox"/> child		
			<input type="checkbox"/> provider <input type="checkbox"/> child		
			<input type="checkbox"/> provider <input type="checkbox"/> child		
			<input type="checkbox"/> provider <input type="checkbox"/> child		

**Special Instructions:**

- Comments and observations should include details such as symptoms and/or reactions observed, children's comments relating to the medication administration, rationale if a scheduled dosage was missed or administered late, etc.
- Attach a copy of the Authorization for Medication Administration form to the record.