

MEDICATION FORM

Child's Details

Full Name :

Start date of Medication :

D

D

M

M

Y

Y

End date of Medication :

D

D

M

M

Y

Y

Medication Name :

Doseage and :
time to be
administered



I hereby authorize the staff of Allegro Child Care Centre Ltd to administer this medication perscribed as indicated above.

Date	Name of Medication	Amount	Time	Initial of Administrator and witness

Name Of Guardian

Signature Of Guardian