Medication administration record

FORM TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Name _____ Role _____ Date _____

* Required

Only give medication with the parent or guardian's written authority, and check it against the label before every dose.

Child's name *

_____

Medication *

As written on the label.

_____

Dose given *

For example, 5 ml.

_____

Date given *

_____

Time given *

_____

How it was given *

○ By mouth ○ Inhaler ○ Cream or ointment ○ Eye or ear drops

○ Injection, such as an adrenaline auto-injector ○ Other

Is the parent's authority on file? *

☐ Yes ☐ No

Parent's authority

Upload it if it isn't already on file.

Attach: Parent's authority (PDF, JPEG or PNG)

Witnessed by *

The second educator who checked the dose.

_____

Notes

Anything you noticed after the dose.

_____

_____

_____

Signature *

I gave this dose as recorded.

Signature _____ Name _____ Date _____

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____