KIDS CAMPUS DAYCARE SOCIETY CHILD PRESCRIPTION OR NON-PRESCRIPTION MEDICATION FORM

ONE MEDICATION PER SHEET

Medication MUST be in its ORIGINAL LABELLED container

		ıardian				
		Medical Condition				
		Prescription # (if applicable)				
nstructio	ons for administering me	edication:				
tart dat	e:End	d date: (according to pr	escription/o	riginal cont	ainer directions):	
ate & Ti	ime medication was last	given:				
ympton	ns / instructions for "as I	needed" medications a	nd other Imp	oortant Info	rmation :	
o be cor Date	mpleted by the staff at t Medication	he time medication is a Expiry Date	Dosage	l. Time	Staff Signature	First Aid