

NAME OF CHILD _____ CLASS _____

Please give the above-named child the following medication:

Item(s)	Amount to be given	Time to be given	Date to start	Date to finish

Signed _____ print _____

Date:	Medicine	Administered by:
Time:	Dosage:	Witnessed by:
Date:	Medicine	Administered by:
Time:	Dosage:	Witnessed by:
Date:	Medicine	Administered by:
Time:	Dosage:	Witnessed by:
Date:	Medicine	Administered by:
Time:	Dosage:	Witnessed by: