**In Home Care Medication Record**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name:** |  | **Child’s Date of Birth:** |  |
| **Location of Care:** |  | **Educator’s Name** |  |
| **To be completed by Parent/Guardian:** | **To be completed by Educator:** |
| **Medication** | **Dates to be Administered** | **Times to be Administered** | **Dosage** | **Method of Administration** | **Signature of Parent/Guardian** | **Date Medication Administered** | **Time Administered** | **Dosage Administered** | **Method of Administration** | **Signature of Carer** | **Medication Stored Safely Y/ N** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Medication information sheets are to be attached to this form. (If unavailable, info sheets can be found at** [**www.medicines.org.au**](http://www.medicines.org.au/)**) In the event of an incident involving medication, contact poisons info line on 13 11 26.**

Medication Record

V1.1 July 2019