**In Home Care Medication Record**

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| **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** |
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**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