



## We Belong FDC Medication Record

Child's name: ..... Date of birth: .....

To be completed by the parent/guardian													
Name of medication	Last administered		To be administered (or circumstances to be administered)		Dosage to be administered	Method of administration (Include if self-administration of a school age child)	Signature of parent/Guardian	Medication administered		Dosage Administration	Method of administration	Name of educator administering/supervising	Signature of educator administering/supervising
	Time	Date	Time	Date				Time	Date				