

## Medication Administration Form 2022

Name of child ..... Name of Medication ..... Child's room/ group .....

**ALWAYS** review the written Parent/guardian mediation instructions and Health Care Providers medical instruction on medication prior to **EVERY** administration.  
Instructions should be attached to this form.

Please follow the **7 Rights** with EVERY Dose... Right **Child** - Right **medication** – Right **Dose** – Right **Route** – Right **Time** - Right **reason** – Right **documentation**

Date given	Time given	Dose given	Route given	Time last dose was given by parent / guardian	Staff signature	Witness staff signature

When medication has been discontinued, it should be returned to parents to dispose of properly.