Park Orchards Kindergarten Medication Administration Form

Parents/Guardians complete this section								Educator to complete this section			
Date	**Child Name**	**Medication Name**	**Time and Date medication last administered**	**Time Medication due**	**Dosage due**	**Parent/ Guardian Signature**	**Additional Information**	**Time/ Date dosage given**	**Dosage given**	**Name and signature of administered by**	**Name and signature of witness**