



## Children's medication records

Child's name

I  parent/guardian of

request that Funtasia administer  medication which has been prescribed by a doctor.

Medication name

Required dosage  Time to be given

Signed  date   
*parent/guardian*

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## Funtasia staff to complete

Medication administered by   
(staff name)

Time dosage given

Witnessed by   
Staff member

I acknowledge the information that my child was given the medicine stated above at the time recorded by Funtasia.

Signed  date   
*parent/guardian* (When child collected)