



# BON ACCORD OUT OF SCHOOL CARE

## INDIVIDUAL MEDICATION RECORD

***To Be Completed by Parent/Guardian***

Child's Name: \_\_\_\_\_

Medication: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

Dates to be given:      Start Date: \_\_\_\_\_

   Finish Date: \_\_\_\_\_

Exact Times to be given: \_\_\_\_\_

Special Instructions (i.e. to be taken with food)  
\_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

***To be completed by staff at the time medication is given:***

DATE	MEDICATION	DOSAGE	TIME	STAFF SIGNATURE