

# Unley Community Childcare Centre

Room:

## MEDICATION DAY SHEET

Week Ending:

### To be completed by Parent / Guardian

Date	Full Name of Child	Prescribed Medication	Dosage Amount	Time of Dosage		Frequency of Dosage
				Last	Next	

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Special Instructions:	<input type="text"/>	Parent/Guardian Signature:	<input type="text"/>
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Special Instructions:	<input type="text"/>	Parent/Guardian Signature:	<input type="text"/>
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Special Instructions:	<input type="text"/>	Parent/Guardian Signature:	<input type="text"/>
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### To be completed by Staff

Time	Amount Given	Staff Name	Witness Name
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