



# Snapdragons nursery



## Medication Record: Long Term

### Child Details

Name:	Date of Birth:
Condition Diagnosed:	

### Medication Details

Type:	Expiration Date:
Dosage Required:	Frequency:
Last Dose Administered:	

I confirm that my child has had this medication before with no reaction.

Parent / Guardian Authority: \_\_\_\_\_ Date: \_\_\_\_\_

### Medication Administered

Date:	Time:	Administrator:	Supervisor:	Parent:

Parents to sign at the end of each day to confirm medication administered.