Request of Medication

_____(the client) requests _____

(the staff) to give medicine to _____(the child) as

the description below.

_____/_____/_____ _____

year month day signature

DESCRIPTION

DATE	TIME	THE NAME OF MEDICINE	THE AMOUNT /1 TIME	CONSIDERATION
	:			
	:			
	:			

RECORDS OF MEDICATION BY THE STAFF

DATE	TIME	THE NAME OF MEDICINE	THE AMOUNT /1 TIME	CONSIDERATION
	:			
	:			
	:			

The staff must confirm the followings :

□The name of the child is written down on the container.

□The medicine prescribed by the doctor has the name of hospital, doctor, pharmacy, pharmacist and telephone No.

□The medicine is kept in the container given by the doctor.

□The date of medication is written down. _____

□The description and the storage method are written down. (description - storage method)