

To be completed by parent / guardian						To be completed by the educator when administered									
Name of Medication	Last Administered		Dosage to be administered	To be Administered (or circumstances to be administered)		Method of administration	Signature of parent / guardian	Medication Administered		Dosage Administration	Method of Administration	Name of educator administering	Signature of educator administering	Name of Witness	Signature of Witness
	time	date		Time	Date			time	date						

Non prescribed, herbal or homoeopathic medication must be accompanied by a Doctors/physicians letter. Children with Asthma medication will not be permitted to attend Learning Wonderland without their medication and current Asthma Action Plan. See Health Policy.