Webber Academy Junior Kindergarten Programme

Individual Record of Medication/Herbal Remedy Administration

(To be completed, returned, and kept in classroom, as needed, as per ***Alberta Children's Services*** regulation.)

Section One: To be completed by parent/legal guardian:

Child's name: _____ Date of Birth:

Medication(s)/Herbal Remedy(ies)_____

Amount to be given: _____

Dates to be given: Start date: _____Finish date: _____

Exact times to be given: _____

Signature of parent/legal guardian: _____ Date: _____

Section Two: To be completed at the time medication is administered

Date	Medication	Dosage	Time	Staff Signature

***Please note: As per Alberta Children's Services requirement, parent approval for the administration of medication or herbal remedy must be renewed monthly. Thank you.**