

Notes

- This information is provided as an example to inform the development of material for programs. It is not designed to provide complete information for all programs.
- All program materials should be uniquely designed and updated regularly based on the individual circumstances of each program.

Child's Name (Last Name)
(First Name)

| Date (yyyy/mm/dd) | Time (hh:mm) | Name of Medication | Quantity | Program Staff Name (Last Name, First Name) | Program Staff Signature | Observations |
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