

First Baptist Church
Learning Center Medication Form

For Office Use
Staff Giving Medicine

Time _____
Dosage Given _____

Child's Name _____ Date _____

Medication _____

Dosage _____ Time to Be Given _____

Care Giver Signature _____ Time _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

This form must be filled out each time medication is to be given.



Explore my world...expand my mind...experience Jesus...
watch me grow!