CLARENCE CHILDRENS SERVICES
Supported by Clarence City Council

MEDICATION LOG 2027

Child's Name: _____ **OSHC Service**: _____

All medication must have the original pharmacy label with the child's name, required dosage, and medication is not past expiry date.

Medication Name	Expiry Date of Medication	Number of Tablets (if applicable)	Signing In	Signing Out	Name & Signature of Parent / Guardian / School Representative	Name & Signature of Educator 1	Name & Signature of Educator 2	Date
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