V6: MEDICINE ADMINISTRATION REGISTER

basic education
Department: Basic Education
REPUBLIC OF SOUTH AFRICA

Bana pele
ECD registration drive

ECD PROGRAMME NAME .....

RECORD OF ADMINISTRATION						
NAME OF CHILD	**NAME OF MEDICINE**	**REASON FOR THE MEDICINE**	**DATE**	**AMOUNT**	**SIGNATURE** (person administering medicine)	**SIGNATURE** (parent/guardian)