

## CPS MEDICINE REGISTER

NAME OF CHILD:

DATE	TYPE OF MEDICINE	DOSAGE/VOLUME	FREQUENCY (TIME)	TIME GIVEN	SIGNATURES
					Signature (Parent): <hr/> Signature (CPS Staff) <hr/>
					Signature (Parent): <hr/> Signature (CPS Staff) <hr/>
					Signature (Parent): <hr/> Signature (CPS Staff) <hr/>