

MEDICATION ADMINISTRATION LOG (2 week)

School/Child Care:			
Child's Name:		Birthdate:	Classroom:
Medication:	Dosage:	Route:	Time to be given:
Start Date:	End Date:	Expiration Date:	Special Instructions:
Health Care Provider:			HCP Phone:
Parent Name:		Parent Phone:	Parent Phone:

	Mon Date:	Tue Date:	Wed Date:	Thu Date:	Fri Date:	Mon Date:	Tue Date:	Wed Date:	Thu Date:	Fri Date:
AM.										
AM:										
PM:										
PM:										

Include time medication given and initials. If child absent, mark box with "A"; If medication not given, mark box "NG". Document reason not given in comments.

Date & Comments:

Staff Signatures	Initials

***All controlled medications** must be counted and verified by a med admin trained/delegated person and the Parent (i.e. Adderall, Concerta, Ritalin)

Date	Name of Medication and Dosage	Expiration Date	Amount Received	Parent Signature	Staff initials