Medication Administration Log (Daily or PRN)

Child's Name _____

School Name _____

Medication _____
Dose _____
Route _____
Time to give _____
Special instructions _____
Start & End Date _____

Date	Time	Notes: Any issues giving or tolerating med?	Teacher's Signature

Teacher's name_____ Teacher's signature _____
Teacher's name_____ Teacher's signature _____
Teacher's name_____ Teacher's signature _____