

# Controlled Medication Administration Record & Inventory

Child's Name:	Birth Date:	Today's Date:
Medication:	Dose:	Route:
Time to give:	Start Date:	End Date:
<b>Intake and Count - must be verified by a Parent/Guardian and a Med Admin Delegated Staff Member.</b>		
# of Pills received: _____ Date _____ (fill out new controlled med admin record each time the parent drops off more pills).		
Parent Name:	Parent Signature:	Date:
Staff Name:	Staff Signature:	Date:

Date	Time of Administration	# of Pills Currently	# of Pills Remaining	Staff Initials	Comments

Name of Staff Member giving the medication	Signature	Initials