**Sample Medication Administration Log**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Medication** | **Dosage** | **Person who administered** | **Notes (including any side effects noticed)** |
|  |  |  |  | School-age child with written parental permission  Staff/Provider who has completed medication administration training  Staff/provider's name: |  |
|  |  |  |  | School-age child with written parental permission  Staff/Provider who has completed medication administration training  Staff/provider's name: |  |
|  |  |  |  | School-age child with written parental permission  Staff/Provider who has completed medication administration training  Staff/provider's name: |  |
|  |  |  |  | School-age child with written parental permission  Staff/Provider who has completed medication administration training  Staff/provider's name: |  |
| **Date** | **Time** | **Medication** | **Dosage** | **Person who administered** | **Notes (including any side effects noticed)** |
|  |  |  |  | School-age child with written parental permission  Staff/Provider who has completed medication administration training  Staff/provider's name: |  |
|  |  |  |  | School-age child with written parental permission  Staff/Provider who has completed medication administration training  Staff/provider's name: |  |
|  |  |  |  | School-age child with written parental permission  Staff/Provider who has completed medication administration training  Staff/provider's name: |  |

Medication Permission Form is complete

Medication is in original container

Medication is appropriately labeled

Date on label is current

Name of Person Accepting Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_