**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 trainingStaff/provider's name: |  |
|  |  |  |  | [ ]  School-age child with written parental permission[ ]  Staff/Provider who has completed medication administration trainingStaff/provider's name: |  |
|  |  |  |  | [ ]  School-age child with written parental permission[ ]  Staff/Provider who has completed medication administration trainingStaff/provider's name: |  |
|  |  |  |  | [ ]  School-age child with written parental permission[ ]  Staff/Provider who has completed medication administration trainingStaff/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 trainingStaff/provider's name: |  |
|  |  |  |  | [ ]  School-age child with written parental permission[ ]  Staff/Provider who has completed medication administration trainingStaff/provider's name: |  |
|  |  |  |  | [ ]  School-age child with written parental permission[ ]  Staff/Provider who has completed medication administration trainingStaff/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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_