

Medication Administration Log

Child's Name: _____ Date of Birth: _____ Rm.: _____

Medication: _____ Time(s): _____

Amount: _____ Route: _____ Start Date for Medication: _____ End Date: _____

Special Instructions: _____

Name of Health Care Provider Prescribing Medication: _____ Phone: _____

Parent name: _____ Parent Work #: _____ Parent Home #: _____

	Week of:					Week of:				
	Mon Date	Tue Date	Wed Date	Thurs Date	Fri Date	Mon Date	Tue Date	Wed Date	Thu Date	Fri Date
A.M.										
P.M.										

Include Time Medication was Given and Initial

If the child is absent, mark box with an "A" ; If the medication was not given, mark box "NG" . Document reason medication was not given in Comments.

Date & Comments:

Staff Signatures	Initials

Pills Received: (All controlled medications must be counted, e.g., Ritalin)