

Log of Medication Administration



- Use this form to document all medication administered in the child day program.
- This form must be kept with the child’s written medication consent form.
- Any medication errors (i.e. doses of the medication listed below not given) must be documented on this form.

CHILD’S NAME: Missy Franklin MEDICATION: Baby Orajel

COMPLETE FOR ALL DOSES GIVEN					COMPLETE WHEN SIDE EFFECTS ARE NOTED	COMPLETE FOR ‘AS NEEDED’ MEDICATION ONLY		
Date Given (M/D/Y)	Dose	Route	Time (AM or PM)	Administered by (full signature and print name)	Any Noted Side Effects	Parents notified of side effects	For “as needed” medication – write the symptoms the child exhibited that necessitated the need for the medication	Were parents notified “as needed” medicine was given?
12/13/04	Pea sized amount	Oral on the gums	1:30 PM	Carla Carson <i>Carla Carson</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Irritable, sucking on hand and drooling	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Log of Medication Administration

Complete this section for all Medication Errors (if this medication was not given as written on the child’s written consent form).

Date of Error	Details of medication error (included reason error occurred)	Parents notified	Signature of Provider / Print Name
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Notes:
