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:_____ MEDICATION:_____

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?
						Yes □ No□		Yes □ No□
						Yes □ No□		Yes □ No□
						Yes □ No□		Yes □ No□
						Yes □ No□		Yes □ No□
						Yes □ No□		Yes □ No□
						Yes □ No□		Yes □ No□
						Yes □ No□		Yes □ No□
						Yes □ No□		Yes □ No□
						Yes □ No□		Yes □ No□
						Yes □ No□		Yes □ No□
						Yes □ No□		Yes □ No□
						Yes □ No□		Yes □ No□
						Yes □ No□		Yes □ No□

This is a double-sided form

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 □ No□	
		Yes □ No□	
		Yes □ No□	
		Yes □ No□	
		Yes □ No□	
		Yes □ No□	
		Yes □ No□	
		Yes □ No□	
		Yes □ No□	

Notes:

This is a double-sided form