

## Medication Administration Log

<b>Child's First and Last Name:</b>	<b>Child's Date of Birth:</b>	<b>Classroom:</b>
<b>Parent/Guardian First and Last Name:</b>	<b>Parent/Guardian Work #:</b>	<b>Parent/Guardian Home #:</b>

<b>Name of Medication:</b>		<b>Expiration Date of Medication:</b>	
<b>Strength of Medication:</b>		<b>Start Date for Medication:</b>	
<b>Age Appropriate/ Provider Specified Dosage:</b>		<b>End Date for Medication:</b>	
<b>Prescribing Health Provider and Phone Number (<i>if applicable</i>):</b>		<b>Instructions for Administration, Including Time to Administer:</b>	
<b>Medication Side Effects (<i>if applicable</i>):</b>		<b>Instructions for Storage and Disposal of Medication:</b>	
<b>Parent/Guardian Signature:</b>			

Date Administered:	Time Administered:	Dosage/Amount Administered:	Staff Name:	Staff Initials:	Notes: