Medication Administration Log

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

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

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

Also available for download under 'Program Resources' at www.necpa.net.