



PRESCRIPTION MEDICATION LOG

This form is to be filled out with every course of medication for each child. When the course is complete any remaining medication must be returned to the parents for disposal. Each dose must be entered and signed by the staff who is administering the medication.

If the child is absent or medication is missed that day must also have an entry documenting the absence or missed dose.

Child's Name _____ Name of Medication _____

Parent/Guardian Signature _____

Date _____

CHILDS' NAME	NAME OF MED.	DOSAGE	TIME	DATE	Log reason if dose was missed or given at time other than stated in the original instructions	STAFF INTL.

Unused medication must be returned to the parent for disposal

Parents Signature: _____ Date: _____

Staff Signature: _____ Date: _____