



MEDICATION LOG

Date _____

PARENT COMPLETE THIS SECTION

I give permission to administer medicine to my child as stated below:

STAFF COMPLETE THIS SECTION

Child's Name	Parent Signature	Name of Medication	Possible Side Effects to Watch For	Time to Be Given	Amount of Each Dose/By Mouth, Nose, Ear	Refrigeration? Yes/No	Time of Last Dose	5 Rights Safety Check	Time Given	Date	Staff Initials	Reaction Notes



1. Right Child



2. Right Medication



3. Right Time



4. Right Amount



5. Right Route (eye, ear, mouth)

STAFF: When this page is full file in child's record.



MEDICATION LOG SAMPLE

Date _____

PARENT COMPLETE THIS SECTION

I give permission to administer medicine to my child as stated below:

STAFF COMPLETE THIS SECTION

Child's Name	Parent Signature	Name of Medication	Possible Side Effects to Watch For	Time to Be Given	Amount of Each Dose/By Mouth, Nose, Ear	Refrigeration? Yes/No	Time of Last Dose	5 Rights Safety Check	Time Given	Date	Staff Initials	Reaction Notes
Bobby Smith	Sally Smith	Amoxicillan	Drowsiness Crankiness	12:00 p.m.	1 Tsp. by mouth	y	6:00 a.m.	✓	noon	2/2	CB	Drowsiness



1. Right Child



2. Right Medication



3. Right Time



4. Right Amount



5. Right Route (eye, ear, mouth)

STAFF: When this page is full file in child's record.