

MEDICATION LOG

55 Pa. Code §3270.133; §3280.133; §3290.133

PLEASE PRINT

Page _____ of _____

Child's Name: _____ **Medication:** _____

Prescription Non-Prescription

Refrigeration Required: YES NO

If Prescription, Prescriber's Name: _____ Telephone: _____

Dosage Amount: _____ Time to Administer: _____ a.m. _____ p.m. _____ times/day

Dates for Administration: From _____ To _____
Date Date

Special instructions i.e., symptoms signaling need for administration, medication indications, reasons to hold medication, contraindications:

I give permission to administer medication to my child as stated above.

Parent Signature

Date

FACILITY STAFF COMPLETE THIS SECTION

Date Administered (mm/dd/yyyy)	Time Administered (a.m. / p.m.)	Amount of Medication Administered	Comments/Reactions	Staff Initials

This information is confidential and may not be shared or released without the parent's written permission.