MEDICATION ADMINISTRATION LOG

JDM Dayhome Agency - Record every instance of medication administration

Child Full Name | **Date of Birth** | **Medication Name**

Prescribed / Authorized Dose | **Parent / Guardian Authorization Form Date** | **Physician / Clinic Contact**

ADMINISTRATION LOG

Date	Time (a.m./p.m.)	Dose Given	Route	Administered By (Name)	Child Response	Any Side Effects / Notes	Educator Signature

REMINDER: A signed parent authorization form must be on file before any medication is administered. A new authorization form is required if any medication details change.