Child's Name					Date of Birth		
Name of N	Medication:				Dosage:		
Time(s) to Administer:					-		
Route:		☐ Mouth ☐ Eye (R/L) ☐ Nose	□ Ear (R/L) □ Skin □ Other:		Refrigerated:	□ Yes □ No	
Name of N	Medication:				Dosage:		
Time(s) to	Administer	1			Start Date:		
Route:		☐ Mouth ☐ Eye (R/L) ☐ Nose	□ Ear (R/L) □ Skin □ Other:		Refrigerated:	☐ Yes ☐ No	
Parent's Signature  Date  MEDICATION ADMINISTRATION LOG  Staff Use Only - please complete each time medication is administered to this child.							
DATE TIME		MEDICA	-	DOSAGE		NOTES	