MEDICATION LOG

55 Pa. Code §3270.133; §3280.133; §3290.133 PLEASE PRINT						e of
Child's Name:	province and the Prince State of State		Production of the contract of	Medication:		
Prescription Non-Prescription				Refrigeration Requir	red: YES	☐ NO
If Prescription, Prescriber's Name:					Telephone	
Dosage Amount: Time to Administer:				a.m	p.m.	times/day
Dates for Administration: From To						
Special instruction contraindications:		signaling need		ration, medication indic		
I give permission to administer medication to my child as stated above.						
		nt Signature	· 1000000000000000000000000000000000000			Date .
Administered :(min/dd/yyyy)	Time Assa Administered ((a.m./ p.m.)	FACILITY STA Amount of Medication of Administered	AFF COMPI	ETE THIS SECTION Comments/Reactions		Staff-Injuries
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This information is confidential and may not be shared or released without the parent's written permission.