

# 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.