

MEDICATION ADMINISTRATION RECORD

(This record must be maintained in the child's file when completed)

FOR STAFF USE:

Has the Medication Authorization form been completed? _____

Is the medication in a safety cap container? _____

Is the original prescription label on the medication container? _____

Is the name of the child given below on the container? _____

Is the date on prescription current? _____

Is the dose, name of drug, frequency of administration given on the label consistent with parental instructions? _____

Medication can be administered only if the answers to all questions above are "Yes".

CHILD'S NAME _____ MEDICATION _____

Date	Time	Medication	Dose	Staff Signature

Comments (child absent, missed dose, refusal by child, missing medication, side effects, etc.)
