



CREATIVE CARE CHILDCARE CENTERS

Medication Log

Child's Name: _____ Medication: _____

Prescription (needs original package w/ label and child's name) Refrigeration Required Y N

Non-prescription (cannot exceed recommended dosage amount without a Dr.'s note)

If prescription, prescriber's name: _____ Telephone: _____

Dosage amount: _____ Time to administer: _____ Times a day: _____

Dates for Administration: From _____ to _____

Special Instructions (symptoms signaling need for administration, medication indications, reasons to hold medications...etc):

I give permission to administer medication to my child as stated above:

(Signature of Parent/Guardian)

(Date)

Staff Person Receiving Medication from Parent:

(Staff 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

(Continue on back if needed) This information is confidential and may not be shared or released without the parent's written permission.

