Daily Log of Controlled Medications Administered

Use one Sheet for Each Child

School/Childcare Program_____

Child's Name _____Birth Date _____Classroom_____
Medication_____Dosage_____Route_____
Time of day medication is to be given_____
Length of time medication is to be given:_____ Start Date _____End Date_____
Special Instructions_____
Name of Health Care Provider Prescribing Medication _____Phone_____

***All medication received must be counted and signed by staff member as well as guardian**.

Date	# of Pills Received Date & Initial (Staff & Guardian)	Time of administration	# of Pills Remaining	Initials	Comments

Staff Signature	Initials	Date