MEDICATION LOG

55 Pa. Code §3270.133; §3280.133; §3290.133

PLEASE	Page of		
Child's Name:	Medication:		
Prescription Non-Prescription PRESCRIPTION & NON-PRESCRIPTION MUST BE IN ORIGINAL CO If Prescription, Prescriber's Name:	ONTAINERS.		
Dosage Amount: Time to Administer:	a.m	p.m time	es/day
Dates for Administration: From To _	Date		
Special instructions i.e., symptoms signaling need for administ contraindications:	tration, medication indic	ations, reasons to hold medi	cation,
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.