

Medication Log for PRESCRIPTION Medications

Child's Name: \_\_\_\_\_ Name of Medication: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Method of Administration: \_\_\_\_\_  
 Reason for Medication: \_\_\_\_\_  
 Amount in bottle: \_\_\_\_\_ Times & Dosages: \_\_\_\_\_  
 Comment: \_\_\_\_\_

Date	Time	Name Of Medication	Amount in Bottle	Dosage Given	Amt left in Bottle	Staff Signature	Child's Initials
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

Please use a separate form for each different prescription medication