



Routine Medication Administration Form

All medication must be provided in the original container and labeled with your child's full name. Where applicable, the implement for proper measurement must be provided and labeled with your child's full name. If a measurement implement is not provided, medication cannot be administered. Non-prescription medications must be designated for use for children on the label.

Child's Name: _____

Date of Birth (MM/DD/YYYY): _____

Mediation information

Medication type: Prescription Non-prescription

Medication name: _____ Dosage: _____

Times to be administered: _____

How long to be administered: _____

Medication administration log

Date	Medication	Dosage	Time	Employee Signature

Parent's Printed Name: _____

Parent's Signature: _____

Date: (MM/DD/YYYY): _____