## **MEDICATION LOG**

55 Pa. Code 3270.133; 3280.133; 3290.133 PLEASE PRINT

	PLEASE PRINT	ſ	Page	e of	
Child's Name:		Medication:_			
Prescription N	Non-Prescription	Refrigeration	Required: YES	□ NO	
If Prescription, Prescriber's Name:			Telephone:	ne:	
Dosage Amount:	Time to Administer:	a.m	p.m.	times/day	
Dates for Administration: From_ Special instructions i.e., symptoms s contraindications:	Date Dat	e	dications, reasons to	hold medication,	
I give permission to administer med	ication to my child as stated ab	oove.			
Parent Signature			Date		
	FACILITY STAFF COMP	PLETE THIS SEC	CTION		

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.