MEDICATION LOG

55 Pa. Code §3270.133; §3280.133; §3290.133 **PLEASE PRINT**

Child's Name:	Medication:						
☐ Prescription ☐ Non-Prescription	Re	frigeration R	equired: []YES [□NO		
If Prescription, Prescriber's Name:				Telep	hone:		
Dosage Amount:	Time to Adr	minister:	a	.m	p.m	times/d	
Dates for Administration: From	Date	To	Date				
Special instructions i.e., symptoms medication, contraindications:							
Parent Signature				Date			
Child's Name:		LEASE PRII					
☐ Prescription ☐ Non-Prescription	Ref	frigeration R	equired: []YES [NO		
If Prescription, Prescriber's Name:				Telep	hone:		
Dosage Amount:	Time to Adr	minister:	a	.m	p.m	times/d	
Dates for Administration: From	Date	To	Date				
Special instructions i.e., symptoms medication, contraindications:	signaling nee	ed for admin	nistration,	medication	indications,	reasons to ho	
I give permission to administer med	Vication to my	, child as st	ested above				
I give permission to administer med	ilcation to my	/ Cilliu as si	ateu anov	e.			

FACILITY STAFF COMPLETE THIS SECTION							
Date Administered (mm/dd/yyyy)	Time Administered (mm/dd/yyyy)	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.

FACILITY STAFF COMPLETE THIS SECTION								
Date Administered (mm/dd/yyyy)	Time Administered (mm/dd/yyyy)	Amount of Medication Administered	Comments/Reactions	Staff Initials				

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