



## MEDICATION LOG

55 Pa. Code §3270.133; §3290.133

**PLEASE PRINT**

Page \_\_\_ of \_\_\_

Child's Name: \_\_\_\_\_ Medication: \_\_\_\_\_

Prescription     Non-Prescription    Refrigeration Required:     YES     NO

If Prescription, Prescriber's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Time to Administer: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ times/day

Dates for Administration: From \_\_\_\_\_ To \_\_\_\_\_  
Date Date

Special Instructions- i.e., symptoms signaling need for administration, medication indications, reasons to hold medication, contraindications:

**I give permission to LutherCare Child Care & Early Learning programs to administer medication to my child as stated above.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

PARENT	FACILITY/STAFF COMPLETE THIS SECTION					
	Time Last Administered	Date Administered (mm/dd/yyyy)	Time Administered (a.m./p.m.)	Amount of Medication Administered	Comments/Reactions	Staff Initials