Child Care Medication Log

Child's Name ((first and last):					
Name of Medi	cation (as it is ap	pears on medicat	tion container):			
	** If a m	edication was no	t given, you mus	document the reason why. **		
Date	Time	Dosage	Side Effects	Side Effects Observed (if any)		
Name of perso	on who gave med		print name)	(signature)		
Date	Time	Dosage	-	Observed (if any)		
		U		(<i>)</i> ,		
Name of perso	on who gave mec	lication:				
(print name) (signature)						
Date	Time	Dosage	Side Effects Observed (if any)			
Name of perso	on who gave med	lication:				
(print name) (signature)						
Date	Time	Dosage		Side Effects Observed (if any)		
Name of perso	on who gave mec	lication:				
Date	Time	Docado	(print name)	(signature) Side Effects Observed (if any)		
Date	Time	Dosage		Side Effects Observed (if any)		
Name of perso	on who gave med	lication:				
(print name) (signature)						
Date	Time	Dosage		Side Effects Observed (if any)		
Name of perso	on who gave med	lication:	k			
Data	Time e	Deseres	(print name)	(signature)		
Date	Time	Dosage		Side Effects Observed (if any)		
Name of perso	on who gave med	lication:				
Deta	Time	Deces	(print name)	(signature)		
Date	Time	Dosage		Side Effects Observed (if any)		
Name of perso	on who gave med	lication:				
			(print name)	(signature)		