Child Care Medication Log

Child's Name (first and last):

Name of Medication (as it is appears on medication container):

** If a medication was not given, you must document the reason why. **

Date	Time	Dosage	Side Effects Observed (if any)

Name of person who gave medication: _____   _____
                                              (print name)   *(signature)*

Date	Time	Dosage	Side Effects Observed (if any)

Name of person who gave medication: _____   _____
                                              (print name)   *(signature)*

Date	Time	Dosage	Side Effects Observed (if any)

Name of person who gave medication: _____   _____
                                              (print name)   *(signature)*

Date	Time	Dosage	Side Effects Observed (if any)

Name of person who gave medication: _____   _____
                                              (print name)   *(signature)*

Date	Time	Dosage	Side Effects Observed (if any)

Name of person who gave medication: _____   _____
                                              (print name)   *(signature)*

Date	Time	Dosage	Side Effects Observed (if any)

Name of person who gave medication: _____   _____
                                              (print name)   *(signature)*

Date	Time	Dosage	Side Effects Observed (if any)

Name of person who gave medication: _____   _____
                                              (print name)   *(signature)*