Medication Administration Log

- **Use One Sheet for Each Child**

Name: _____ Birth date: _____

Name of Facility: _____

Class: _____ From: _____ To: _____

(Start date of medication)   (End date)

Name of Parent: _____

Parent Work #: _____ Parent Home #: _____

Person with Prescriptive Authority: _____

(Name of health care provider prescribing the medication)

Name of Medication: _____

Dosage: _____ **Route:** _____ **Times**: _____

Length of time medication is to be given: _____

Date Mm/dd/yy		Time : Comment	Initials	Date Mm/dd/yy		Time : Comment	Initials

Signature	Initials	Date

- If the child is absent, (designate with an "A") or if for any reason, the medication is not given, (designate with "NG") indicate in the "comment" column.
- If NG, document the reason for not giving medication in the "comment" column

Sample Directions for Use of a Medication Log

1. The medication log is used to document that medication has been given to a child. Because this log is a legal document you must initial and sign each entry in ink.

2. Each medication given in the child care facility will need to have the following information written on the log:
   - Child's Name
   - Child Care Facility
   - Medication Name
   - Dosage—this must be the same as on the bottle and authorization form
   - Time the medication is to be given and time span for medication (e.g., days, weeks, months)
   - For Prescription medication--Name of person with Prescriptive Authority
   - Picture of the child if child is five years of age or younger

3. Have the log with you when you are giving any medication. Remember to check the information and compare it with the medication label before you give the medication to the child. Check to see if the medication has already been given to the child for that day and at that time by any other person.

4. It is preferable to assign one person to give all medications to the child for the day to avoid double dosing or missing a dose. Identify the child by name before giving the medication to the child and/or check the attached picture of the child.

5. Immediately after giving the medication, document:
   - Name and dosage of medication
   - Time the medication was given
   - Day and date the medication was given
   - Initials of the person administering the medication

6. If the medication is dropped on the floor, the child refuses to take the medication, spits out the medication, or any other unusual occurrence happens, make note (or designate NG for not given) in the Comment area and contact the parent.

7. If the child is absent from the facility, and are not in the Comment area enter an "A" for absent.

8. When the log is discontinued, write the date of discontinuation and arrange for the parent to pick up medication container, or dispose of any left over medication.

MEDICATION ERROR/INCIDENT REPORT

Child: _____ Date of Birth: _____

Child Care Facility: _____ Classroom: _____

Medications: _____ Dosage: _____

Time Medication to be administered: _____

Date of Incident: _____

Reason for Report: Missed medication, wrong medication, etc. Give a detailed report as to how incident happened:

_____

_____

_____

Action Taken/Intervention:

Describe how this incident could be avoided in the future:

Name of parent/guardian who was notified: _____

Time/date of notification: _____

Printed name of person preparing report: _____

Signature of person preparing report: _____

Follow up contact/care: _____

_____

Child Care Facility Director/Administrator signature: _____