

MEDICATION ADMINISTRATION RECORD

(must be kept with the child's written medication authorization form)

Has the Medication Authorization form been completed by the parent?

Is the medication in a child-proof container?

Is the original prescription on the medication container?

Is the child's name on the container?

Is the date on the prescription current?

Are the dose, name of drug, frequency of administration given on the label consistent with parental instructions?

Child's Name _____ Birthdate _____ Class _____

Name of Medication: _____ Effective Dates of Authorization _____ to _____

Date M/D/Y	Time am/pm	Route	Dose	Symptoms exhibited by child	Parents Notified of Administration Y/N	Any noted side effects/parents notified Y/N	Administered By (name, signature)

This section for medication errors (not given as indicated on authorization form). Indicate date/time of error, details of/reason for error, parental notification, and staff signature. Use reverse side if needed.
