

MEDICATION ADMINISTRATION RECORD

(This record must be maintained in the child's file when completed)

FOR STAFF USE:

- Has the Medication Consent form been completed? _____
- Is the medication in a safety cap container? _____
- Is the original prescription label on the medication container? _____
- Is the name of the child given below on the container? _____

Is the date on prescription current (within the month for antibiotics and within the expiration date for medications which are so labeled; within the year otherwise)? _____

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

Medication can be administered only if the answers to all questions above are "Yes".

CHILD'S NAME _____ **MEDICATION** _____

<u>Date</u>	<u>Time</u>	<u>Medication</u>	<u>Dose</u>	<u>Staff Signature</u>