



**Administering Prescription or Nonprescription Medication Record
(Parents Please Fill Out)**

Date: _____ Child's Name: _____

Please give my child the following:

Prescription or Nonprescription Medication Name: _____

Administer Medication: _____
(Start Date) (End Date)

Amount: _____ Time: _____

Must be Refrigerated: _____ Kept at Room Temperature: _____

Expiration date is current: _____

Medicine must be in original container. Parent has administered first dose with no adverse effects.

Signature of Parent/Guardian Date

The above nonprescription medicine has been administered according to the directions:

TODAY'S DATE	AMOUNT	TIME	PROVIDER'S INITIALS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The unused portion of this medication has been returned to parent? Yes _____ No _____

Signature of Parent/Guardian Date

If not returned to parent, the medication was disposed of appropriately? Yes _____ No _____

Signature of Provider Date

Filed in child's record on: _____ (date)