Prescription Medication Log

Child's Name _____

Date _____

I give permission to my child care provider, _____, to administer the following medication to my child. I will not hold my provider liable in the event of reactions or complications arising from my child receiving this medication.

Parent Signature _____

Name of medication: _____

Reason for medication: _____

Start Date _____ Finish Date _____

Times for each dosage: _____ am or pm _____ am or pm

Amount per dose: _____

Dosage Log				
Date	Time	Dose	Signature	Comments