

**Administering Medication
Record of Prescription and Non-Prescription Medication
(PARENTS PLEASE FILL OUT)**

Date: _____ Child's Name: _____

Please give my child the following medicine:

Prescription Number: _____ Prescription Name: _____

Amount: _____ Time: _____

Must be Refrigerated: _____ Kept at Room Temperature: _____

Medicine must be in original container with pharmacy label facing the front.

SIGNATURE OF PARENT/GUARDIAN

The above medicine has been administered according to the directions:

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

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

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

SIGNATURE OF PARENT/GUARDIAN

Filed in child's record on _____ (date)