

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 _____ 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:

Date Administered	Amount	Time	Provider's Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medication Error: Who administered: _____ Adverse reaction: _____

Date Amount Time Parent Contacted How Contacted Parent Instructions

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

Date filed in child's record: _____