

UNLV/CSUN Preschool Medication Administration Log

Name of Child: _____ DOB: ____/____/____ Classroom: _____

Medication: _____ Start Date: ____/____/____ End Date: ____/____/____

Dosage: _____ Time(s) to be given: _____

Instructions: _____

Physician: _____ Phone #: _____

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Date	Time	Amount Given	Printed Name of Person Administrating	Signed name of Person Administrating	Title of Person Administrating

Date	Time	Amount Given	Description Error	Print name / Signature