

Northwood Academy Pre-school

**MEDICATION LOG**

(per medication, per event)

PLEASE PRINT

Page \_\_ of \_\_

Child's Name: \_\_\_\_\_ Medication: \_\_\_\_\_

Prescription     Non-Prescription      Refrigeration Required:  YES     NO

If Prescription, Prescriber's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Time to Administer: \_\_\_\_\_ a.m.    \_\_\_\_\_ p.m.    \_\_\_\_\_ times/day

Dates for Administration: From \_\_\_\_\_ To \_\_\_\_\_  
Date    Date

Special instructions i.e., symptoms signaling need for administration, medication indications, reasons to hold medication, contraindications:

\_\_\_\_\_  
\_\_\_\_\_

**I give permission to administer medication to my child as stated above.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**FACILITY STAFF COMPLETE THIS SECTION**

Date Administered (mm/dd/yy)	Time Administered (a.m./p.m.)	Amount of Medication Administered	Comments/Reactions	Staff Initials

**This information is confidential and may not be shared or released without the parent's written permission.**

(This form is to be returned/filed in Pre-school office when "Dates for Administration" are completed.)