Northwood Academy Preschool

MEDICATION LOG

(per medication, per event)
PLEASE PRINT

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 Preschool office when "Dates for Administration" are completed.)