

Medication Administration Record

Each medication must have its own Medication Administration Record.

Child Care Program Staff: Along with this form, there must be a signed consent (for example: a Care Plan or Medication Authorization Form) that includes the purpose of the medication and possible side effects.

Child's name: _____

Child's date of birth: _____

Name of medication: _____

Date	Time	Dose	Person Giving Medication (*Initials)	Reason Medication Was Not Given	Observed Side Effects

Initials*	Printed Name and Signature of Person Giving Medications