NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

LOG OF MEDICATION ADMINISTRATION

- Caregivers may use this form or an approved equivalent to document medications administered in the day care program.
- Documentation must be kept with the child's written medication consent form.
- Any doses of the medication listed below not given must be documented.

CHILD NAME:

MEDICATION:(including dose)

COMPLETE FOR ALL DOSES GIVEN				COMPLETE WHEN SIDE EFFECTS ARE NOTED		COMPLETE FOR 'AS NEEDED' MEDICATION ONLY	
Date Given (M/D/Y)	Dose	Time (AM or PM)	Administered by (full signature)	Any Noted Side Effects	Were parents notified of side effects?	For "as needed" medication – write the symptoms the child exhibited that necessitated the need for the medication	Were parents notified "as needed" medicine was given
		□ AM □ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No
		□ AM □ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No
		□ AM □ PM			☐ Yes ☐ No		□Yes □ No
		□ AM □ PM			☐ Yes ☐ No		☐ Yes ☐ No
		☐ AM ☐ PM			☐ Yes ☐ No		☐ Yes ☐ No

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Complete this section if the above medication was not given as written on the child's written consent form

Date Not Given	Description of reason why medication not given	Parents notified	Signature of Provider
		☐ Yes ☐ No	
		Yes No	
		☐ Yes☐ No	
		☐ No ☐ Yes	
		☐ Yes ☐ No	
Notes:			