

ORIGINAL PACKAGING/BOTTLE DISPENSING LOG

Use for topical ointments, patches, liquids, etc

Must accompany the Medication Administration Form

Page ____ of ____

Participant's Name

Program

MEDICATION, EPIPEN, OR INHALER	Dosage	Dispense Time(s) Required
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Administration Instructions

If EpiPen, what is the allergen(s)?	What are the signs of an allergic reaction or need for inhaler?
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Count/Amount	Parent/Guardian Initials	Received by (staff initials/date)
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STAFF USE ONLY	Date																		
	Time																		
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