# Daily Medication Log

(Fill one out for each child )

Child's Name: _____     Program Name:_____

Medication: _____     Dosage: _____

Time Medication is to be given: _____     Parent Signature_____

Length of time Medication should be given: Start Date:_____     End Date: _____

Special Instructions: _____

**Medication Policy:**

> **Prescription Drugs** must be in a bottle marked with the child's name, doctor's name, date, directions for administering the medication, the prescription number, drug store or pharmacy.
>
> **Non-prescription drugs** will be administered only with written Doctor's permission. The non-prescription drug must be labeled with the child's name and date on the bottle.

| Date | # of pills given to child | Time | # of pills remaining | Staff Initials | Additional Comments (note when you receive a refill from parent) |
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