Child Care Medication Log

Child’s Name (first and last):

Name of Medication (as it is appears on medication container):

** If a medication was not given, you must document the reason why. **

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Dosage</th>
<th>Side Effects Observed (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of person who gave medication: ______________________________  ______________________________
(print name)  (signature)

Date  Time  Dosage  Side Effects Observed (if any)

Name of person who gave medication: ______________________________  ______________________________
(print name)  (signature)

Date  Time  Dosage  Side Effects Observed (if any)

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(print name)  (signature)

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Date  Time  Dosage  Side Effects Observed (if any)

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Date  Time  Dosage  Side Effects Observed (if any)