MEDICATION LOG
WCMCA HEAD START

Child's Name: _____ FES Name: _____

Medication: _____ Expiration Date: _____

Time medication is to be given:_____ Dosage: _____

Month/Year:

_____ Check when no medications were administered within the month, such as rescue/"as needed" scenarios ☐

ADMINISTERED BY	GIVEN (X)	TIME	DATE	SIGNATURE	SIDE EFFECTS OR OBSERVATIONS

If there are side effects to medications, notify the parent immediately. Complete the Incident, Injury & Illness Report in CP and submit it to your Supervisor and Health Supervisor.

Medications expire on the last day of the month unless otherwise specified.
(Example: Expires 09/26- medication expires September 30th 2026, cannot be used Oct. 1st).

Medications must be on site with supporting documentation before a child can attend.