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 Accident Illness Report and submit it to your Supervisor and Health Supervisor.