EFMP RESPITE CHILD CARE MEDICATION ADMINISTRATION LOG

Child name:_____DOB_____

Parent name: _____ Provider name: _____

Things to Remember:

□ Verify that the child's name on medication and the child receiving medication are the same

□ Read and understand the label instructions

□ Observe and report any side effects

□ Document administration

□ Over-the-Counter medication cannot be administered without physician's written approval.

Date	Name of Medication/Treatment	Start Time	Stop Time	Dosage Amount	Notes	Parent Initials

Provider signature_____ Date:_____