## **MEDICATION LOG**

55 Pa. Code §3270.133; §3280.133; §3290.133 PLEASE PRINT

PLEAS	SE PRINT	Page	. of
Child's Name:	Medication:		
Prescription Non-Prescription	Refrigeration Required:	] YES   NO	
f Prescription, Prescriber's Name:	Te	lephone:	Managine advantación de vida está destá certificación está de la constant
Dosage Amount: Time to Administer	: a.m p	o.m	times/day
Dates for Administration: From To	Date		
Special instructions i.e., symptoms signaling need for admir contraindications:	nistration, medication indications	, reasons to hold	medication,
			aggynage menninkenhowel had vilkeladd sinkerprodukt om normalet
give permission to administer medication to my child	as stated above.		

Parent Signature

	FACILITY STAFF COMPLETE THIS SECTION				
Date Administered (mm/dd/yyyy)	Time Administered (a.m. / p.m.)	Amount of Medication Administered	Comments/Reactions	Staff Initials	
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This information is confidential and may not be shared or released without the parent's written permission.