## **MEDICATION LOG**

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

§32/0.133	; 93280.133	, 95250.
PLEAS	E PRINT	

PLEASE	PRINT	Page of			
Child's Name: Non-Prescription	Refrigeration Required	·			
If Prescription, Prescriber's Name:					
Dosage Amount: Time to Administer:	a.m	p.m times/day			
Dates for Administration: From To To Date Special instructions i.e., symptoms signaling need for adminicontraindications:	Date stration, medication indicat	tions, reasons to hold medication			
I give permission to administer medication to my child as stated above.  Parent Signature  Date					

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.