

RECORD OF MEDICATION ADMINISTRATION Individual Child

Child's First & Last Name: _____

Provider's Name: _____

Before administering medication to a child, please use the 5 RIGHTS of medication administration:

✓ Right Child ✓ Right Medication ✓ Right Dose ✓ Right Time ✓ Right Route

MEDICATION LOG

Date	Medication Name	Dosage Amount	Time Administered	Adverse Reactions (if any)	First & Last Name of Person Administering Medication

Medication error (if any): _____

Describe how error occurred: _____

Action taken/intervention: _____

Side effects (if any): _____

Date and time of parental notification of any adverse reaction and/or any medication error: _____

*If wrong medication given, please complete incident report.

Name of person completing form: _____