

Child Care Medication Log

Child's Name (first and last): _____			
Name of Medication (as it appears on medication container): _____			
** If a medication was not given, you must document the reason why. **			
Date	Time	Dosage	Side Effects Observed (if any)
Name of person who gave medication: _____ <i>(print name)</i> <i>(signature)</i>			
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Name of person who gave medication: _____ <i>(print name)</i> <i>(signature)</i>			
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