MAT Handout 2.10 Answer Key

Log of Medication Administration

- Use this form to document all medication administered in the day care program.
- This form must be kept with the child's written medication consent form.
- Any doses of the medication listed below not given must be documented on this form.

CHILD'S NAME: Missy Franklin MEDICATION: Baby Orajel

COMPLETE FOR ALL DOSES GIVEN				COMPLETE WHEN SIDE EFFECTS ARE NOTED		COMPLETE FOR 'AS NEEDED' MEDICATION ONLY	
Date Given (M/D/Y)	Dose	Time (AM or PM)	Administered by (full signature)	Any Noted Side Effects	Parents notified of side effects	For "as needed" medication – write the symptoms the child exhibited that necessitated the need for the medication	Were parents notified "as needed" medicine was given
10/13/07	Pea sized amount	1:30 pm	Participant Name		Yes □ No□	Irritable, sucking on hand and drooling	Yes ☑ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□
					Yes □ No□		Yes □ No□

This is a double-sided form

Revised 09-04

06-22-07

Log of Medication Administration

Complete this section if the above medication was not given as written on the child's written consent form

Date Not Given	Description of reason why medication not given	Parents notified	Signature of Provider
		Yes □ No□	
		Yes □ No□	
		Yes □ No□	
		Yes □ No□	
		Yes □ No□	
		Yes □ No□	
		Yes □ No□	
		Yes □ No□	
		Yes □ No□	

Notes: