Summit County Children Services

MEDICATION LOG - PRESCRIPTION

Child Name: ______________________ **Caregiver Name:** ______________________ **Date:** ______________
(mm/dd/yyyy)

Name of Medication: ______________________ **Dosage:** ______________ **Frequency:** ______________

*** Initial Each Time Medication is Given.**

Time *a.m./p.m.*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Please list any side effects or observations.

Name of Medication: ______________________ **Dosage:** ______________ **Frequency:** ______________

*** Initial Each Time Medication is Given.**

Time *a.m./p.m.*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Please list any side effects or observations.

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Please list any side effects or observations.

Signature: ______________________ Initials: __________ Signature: ______________________ Initials: __________

Signature: ______________________ Initials: __________ Signature: ______________________ Initials: __________

Summit County Children Services

MEDICATION LOG – OVER THE COUNTER

Child Name: ______________ **Caregiver Name:** ______________ **Date:** ______________ (mm/dd/yyyy)

Name of Medication: ______________ **Dosage:** ______________ **Frequency:** ______________

*** Initial Each Time Medication is Given.**

Time *a.m./p.m.*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Please list any side effects or observations.

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Please list any side effects or observations.

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Signature: ______________ Initials: ______________ Signature: ______________ Initials: ______________

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