

YOUTH PROGRAM: MEDICATION ADMINISTRATION RECORD **RECORD**

Program Name:									Dates:						Attach Photo Here				
Participant Name: D.O.B.:																			
Allergies:																			
Additional Inf	ormation:																		
The purpose o UNCG. Please	f this log is to l use it to recor	keep a re d all the i	cord of a	all medica tion requ	ation taker ested.	by minor	rs particij	pating in th	ne Youth I	Programs	at or affili	ated with							
Medication In (Parent or gue		tes.)	Medic	ation Log	g (Program	staff con	npletes.)												
			Dose No			Dose No			Dose No			Dose 1	No	Dose No					
Medication	Dosage & Frequency	Time	Date	Time	Staff Init.	Date	Time	Staff Init.	Date	Time	Staff Init.	Date	Time	Staff Init.	Date	Time	Staff Init.		
								-											
					_	-						-			_		-		
Parent/Legal (Guardian Nam	e							P	arent/Le	gal Guardi	an Signat	ure						
Parent/Legal (Guardian Phon	ie Numb	er(s):																

Participant Name:	D.O.B.:
-------------------	---------

Medication Information (Parent or guardian completes.)			Medication Log (Program staff completes.)															
Medication	Dosage &		Dose No			Dose No			Dose No			Dose No			Dose No			
	Frequency	Time	Date	Time	Staff Init.	Date	Time	Staff Init.	Date	Time	Staff Init.	Date	Time	Staff Init.	Date	Time	Staff Init.	