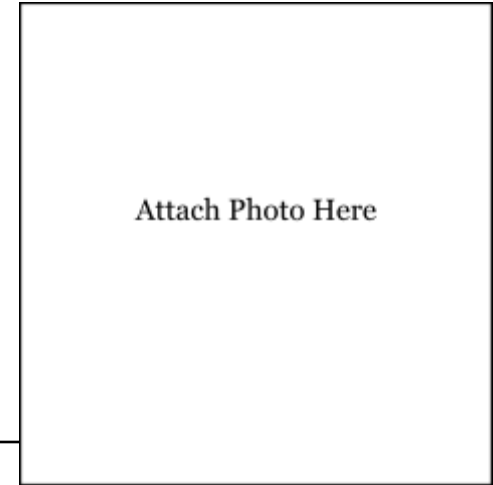




YOUTH PROGRAM: MEDICATION ADMINISTRATION RECORD



Program Name: _____ Dates: _____

Participant Name: _____ D.O.B.: _____

Allergies: _____

Additional Information: _____

The purpose of this log is to keep a record of all medication taken by minors participating in the Youth Programs at or affiliated with UNCG. Please use it to record all the information requested.

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

Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Phone Number(s): _____

