Medication Log

Child: ______________________ **Prescribing Doctor** ______________________

Caregivers Name: ____

Medication: 1)____________ **Dosage**__________ **Times A Day** __________

2)____________ **Dosage**__________ **Times A Day** __________

3)____________ **Dosage**__________ **Times A Day** __________

4)____________ **Dosage**__________ **Times A Day** __________

5)____________ **Dosage**__________ **Times A Day** __________

6)____________ **Dosage**__________ **Times A Day** __________

7)____________ **Dosage**__________ **Times A Day** __________

8)____________ **Dosage**__________ **Times A Day** __________

Place your initials and the time in the appropriate block each time you administer medication

Date	Morning	Noon	Dinner Time	Bed Time