

# Medication Administration Record

Program Name \_\_\_\_\_

The purpose of this log is to keep a permanent record of all medication taken by children participating in programs/ activities/events at UAH. Please use it to record all of the information requested. Submit originals to the Director of Compliance at the end of the program.

Date	Time	Child/ Student Name	Complaint*	Treatment ( Include Dosage)	Staff Member	How was Permission Obtained? **	Follow-up***

**Note** \* Complaint refers to what prompted providing the medication (e.g., The student complained they had a headache; regular prescription time).  
\*\* Permission obtained refers to source of authority (e.g., allowed by parent via medication forms, prescribed by doctor, etc).  
\*\*\*Follow up: Please note what follow up is needed, if any, as well as how any follow up went (e.g., Check back in hour on the headache – upon checkup the headache had cleared up).