

Log – Daily - Controlled Medications Administered

Use one sheet for each child and each medication

School/Child Care Program: <u>Awesome center</u>		
Child's Name: <u>Happy Gilmore</u>	Birth Date: <u>7/1/2010</u>	Classroom: _____
Medication: <u>Adderall</u>	Dosage: <u>10mg</u>	Route: <u>by mouth</u>
Time medication to be given: <u>with lunch</u>		
Length of time medication is to be given:	Start Date: <u>7/1/19</u>	End Date: <u>7/26/19</u>
Special Instructions: <u>Give daily with lunch</u>		
Name of Health Care Provider Prescribing Medication: <u>Dr Jolly</u>		Phone: <u>(777) 777-7777</u>
All medication received must be counted and signed by staff member as well as guardian		

Date	# of Pills Received Date & Initial (Staff & Guardian)	Time of Administration	# of Pills Remaining	Initials	Comments
<u>7/8/19</u>	<u>5 mj/parent</u>	_____	_____	_____	
<u>7/8/19</u>	<u>_____</u>	<u>1230</u>	<u>4</u>	<u>mj JB</u>	Equal sign off with parent and/or 2nd staff.
<u>7/9/19</u>	<u>_____</u>	<u>1230</u>	<u>3</u>	<u>mj JB</u>	
<u>7/10/19</u>	<u>_____</u>	<u>1230</u>	<u>2</u>	<u>mj JB</u>	
<u>7/11/19</u>	<u>_____</u>	<u>1230</u>	<u>1</u>	<u>mj JB</u>	
<u>7/12/19</u>	<u>0 mj/parent</u>	_____	_____	_____	
<u>7/15/19</u>	<u>5 mj/parent</u>	_____	_____	_____	
<u>7/15/19</u>	<u>_____</u>	<u>1230</u>	<u>4</u>	_____	
			<u>3</u>		
			<u>2</u>		
			<u>1</u>		

Staff Signatures	Initials	Date
<u>parent</u>		
<u>Staff → Monique Jacobsen</u>	<u>mj</u>	<u>7/8/19</u>
<u>Staff → Jordan Brown</u>	<u>JB</u>	<u>7/8/19</u>
<u>Staff</u>		
<u>Staff</u>		