

**Summit County Children Services
MEDICATION LOG - PRESCRIPTION**

Child Name: _____ Caregiver Name: _____ Date: _____ (mm/dd/yyyy)

Name of Medication: _____ Dosage: _____ Frequency: _____

* Initial Each Time Medication is Given.

Time <i>a.m./p.m.</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Please list any side effects or observations.

Name of Medication: _____ Dosage: _____ Frequency: _____

* Initial Each Time Medication is Given.

Time <i>a.m./p.m.</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Please list any side effects or observations.

Name of Medication: _____ Dosage: _____ Frequency: _____

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Time <i>a.m./p.m.</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Please list any side effects or observations.

Signature: _____ Initials: _____ Signature: _____ Initials: _____

Signature: _____ Initials: _____ Signature: _____ Initials: _____

**Summit County Children Services
MEDICATION LOG – OVER THE COUNTER**

Child Name: _____ Date: _____
 Caregiver Name: _____ Dosage: _____ Frequency: _____
(mm/dd/yyyy)

Name of Medication: _____

*** Initial Each Time Medication is Given.**

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<i>a.m./p.m.</i>																																

Please list any side effects or observations.

Name of Medication: _____

Dosage: _____

Frequency: _____

*** Initial Each Time Medication is Given.**

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<i>a.m./p.m.</i>																																

Please list any side effects or observations.

Name of Medication: _____

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Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<i>a.m./p.m.</i>																																

Please list any side effects or observations.

Signature: _____ Initials: _____ Signature: _____ Initials: _____
 Signature: _____ Initials: _____ Signature: _____ Initials: _____