MEDICATION CHECKLIST / LOG

By signing below, I release Trinity Christian Preschool/Academy and its employees from all liability from reactions that my child may suffer from this medication.

I hereby authorize Trinity Christian Preschool/Academy to administer the following medication(s) to:

______________________________ / ______________________________

(Please print) Child's Name   Classroom

My child needs medication from (list **start date to finish date**) OR **AS NEEDED**?____________________.

I. **The medication(s) must be in its original container and have the following**:

	Medication #1	Medication #2	**SPECIAL INSTRUCTIONS**:
A. Child's full name	☐Yes ☐No	☐Yes ☐No	**Medication #1:** Last dose given @ a.m./pm
B. In original container	☐Yes ☐No	☐Yes ☐No	*List symptoms/illness*:________________
C. Name of medication	☐Yes ☐No	☐Yes ☐No	________________________________
D. Name of physician	☐Yes ☐No	☐Yes ☐No	________________________________
E. Schedule of administration	☐Yes ☐No	☐Yes ☐No	**Medication #2:** Last dose given@ am/pm
F. Amount given per dose	☐Yes ☐No	☐ Yes ☐No	*List symptoms/illness:*________________
G. Pharmacy's name	☐Yes ☐No	☐ Yes ☐No	________________________________
H. Over the counter medicine	☐Yes ☐No	☐ Yes ☐No	________________________________

______________________________ ______________________________

Signature of Parent or Guardian   Date

______________________________ ______________________________

Signature of Physician or (PRESCRIPTION LABELED)   Date

Name of MED:____________ **Times:** *(circle)* ***11am*** or ***3pm*** **Dosage:**			**Medication #1** **Signature of Person Administering Med's**
Date	**Time**	**Amount**	

Name of MED:___________ **Times:** *(circle)* ***11am*** or ***3pm*** **Dosage:**			**Medication #2** **Signature of Person Administering Med's**
Date	**Time**	**Amount**	

II. The Center Must:
- Not administer medication after the expiration date
- Keep medication out of children's reach or in locked storage
- Keep medication requiring refrigeration separate from food
- Return medication to child's parent when no longer needed
- Dispose of medication when a child withdraws from the center
- Keep record for two weeks

III. Non-prescription medication must be in original container, labeled with child's name and date medication was brought to the center. Non-prescription medications must be administered in accordance to label directions if approved in writing by health personnel.