

**Appletime Child Care**  
**Medication Administration Log**

(please be aware that Minnesota Child Care Health Consultants recommend medication be given the *least* amount of times possible in a child care setting)

I, \_\_\_\_\_, give permission for Appletime Child Care to give  
(parent's full first and last name)

\_\_\_\_\_ the following medication:  
(child's full first and last name)

Medication: \_\_\_\_\_ Dosage & frequency \_\_\_\_\_

Route of administration:  oral  topical  eyes  ears  inhalant  other \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Reason for medication: \_\_\_\_\_

When was the last time your child had this medication? \_\_\_\_\_ am/pm Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature (for OTC medications): \_\_\_\_\_

**STAFF ONLY: Medication may only be given if you can answer yes to ALL of the following:**

\_\_\_\_ medication form is complete and filled out correctly by the parent

\_\_\_\_ medication is in a container with a current and original label displaying child's first and last name

\_\_\_\_ medication is not expired

Date	Time	Dosage	Initials		Date	Time	Dosage	Initials

**ALL DATES MUST BE ACCOUNTED FOR! Document days child is absent or medication was not brought in.**

Teacher signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Teacher signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Teacher signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Teacher signature: \_\_\_\_\_ Printed name: \_\_\_\_\_