Medication Log
Prescription and Non-prescription (over the counter)

Child's Name:
_____
Medication Name: _____
Dosage/Frequency: _____

Medication Sign-In:
Parent Signature: _____ Date: _____

Medication Pick-Up:
Parent Signature: _____Date: _____

In case of emergency, contact:
Name: _____
Primary Phone Number: _____
Secondary Phone Number: _____

Date	Time	Medication	Dosage	Signature