

Carmel Clay Parks & Recreation - Medication Administration Log (to be completed for each medication type)

Student Name: _____

Age: _____

Site: _____

Directions: Initial with time of administration; signature and title below for any staff member administering medication (site supervisor, asst site supervisor or head facilitator only)

Note: mark "OM" if out of medication, "H" if hold medication, "A" if absent and "X" for no-program days (e.g. weekend days)

	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
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															
July																															

Initial: Sign/Title:

Initial: Sign/Title:

Initial: Sign/Title:

Directions: Complete needed information noted below at the time of medication exchange from parent/guardian to CCPR site supervisor/asst site supervisor/head facilitator

Date	Medication & Strength	# of tabs received	time & dosage per administration	signature of person delivering med	signature of person receiving med

Parent/Guardian Permission for Carmel Clay Parks & Recreation Staff to Administer Medication: _____

Print Name

Sign & Date