

Medication Administration Record

Program Name: _____

The purpose of this log is to keep a permanent record of all medication taken by students participating in Youth Programs at UA. Please use it to record all of the information requested.

Submit originals to CERA (Box 870107) at the end of the program.

Date	Time	Student Name	Complaint*	Treatment (include dosage)	Staff member	How was permission obtained?**	Follow Up***

Note: *Complaint refers to what prompted providing the medication (e.g., The student complained they had a headache; regular prescription time).

**Permission obtained refers to source of authority (e.g., allowed by parent via medication forms, prescribed by doctor, etc).

***Follow up: Please note what follow up is needed, if any, as well as how any follow up went (e.g., Check back in hour on the headache – upon check up the headache had cleared up).