

## MEDICATION LOG

CHILD'S NAME: Anna Child D.O.B.: 03/15/1998 ALLERGIES: NONE

PARENT'S/GUARDIAN'S NAME: Jana S. Child DR: William B. Smith TELEPHONE: 362/555-1243

MONTH: April 2005

| MEDICATION INFO               | TIME           | 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 |
|-------------------------------|----------------|-----------|---|---|--------------|--------------|--------------|---|---|-----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| DRUG: <u>Cefaz</u>            | <u>12 Noon</u> | <u>BC</u> | - | - | <u>BC NP</u> | <u>BC NP</u> | <u>BC NP</u> | - | - | <u>BC</u> |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| DOSAGE: <u>1 tsp</u>          |                |           |   |   |              |              |              |   |   |           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| ROUTE: <u>oral</u>            |                |           |   |   |              |              |              |   |   |           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| REASON: <u>ear infection</u>  |                |           |   |   |              |              |              |   |   |           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| DATE START: <u>04/01/2005</u> |                |           |   |   |              |              |              |   |   |           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| DATE END: <u>04/11/2005</u>   |                |           |   |   |              |              |              |   |   |           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| SP. DIR.: <u>NONE</u>         |                |           |   |   |              |              |              |   |   |           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

I, the parent or guardian of the above child give permission for the above medication to be administered.

Jana S. Child 04/01/2005  
 Signature Date

| MEDICATION INFO               | TIME       | 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 |
|-------------------------------|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|-----------|-----------|----|----|----|----|----|----|----|----|----|----|----|----|
| DRUG: <u>Robatussin</u>       | <u>2pm</u> |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    | <u>BC</u> | <u>BC</u> |    |    |    |    |    |    |    |    |    |    |    |    |
| DOSAGE: <u>1/2 tsp</u>        |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |           |           |    |    |    |    |    |    |    |    |    |    |    |    |
| ROUTE: <u>oral</u>            |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |           |           |    |    |    |    |    |    |    |    |    |    |    |    |
| REASON: <u>cough</u>          |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |           |           |    |    |    |    |    |    |    |    |    |    |    |    |
| DATE START: <u>04/18/2005</u> |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |           |           |    |    |    |    |    |    |    |    |    |    |    |    |
| DATE END: <u>04/19/2005</u>   |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |           |           |    |    |    |    |    |    |    |    |    |    |    |    |
| SP. DIR.: <u>None</u>         |            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |           |           |    |    |    |    |    |    |    |    |    |    |    |    |

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Jana S. Child 04/18/2005  
 Signature Date

| MEDICATION INFO | TIME | 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 |
|-----------------|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| DRUG:           |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| DOSAGE:         |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| ROUTE:          |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| REASON:         |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| DATE START:     |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| DATE END:       |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| SP. DIR.:       |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

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Signature Date

MEDICATION LOG (Cont'd)

| MEDICATION INFO | TIME | 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 |
|-----------------|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| DRUG:           |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| DOSAGE:         |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| ROUTE:          |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| REASON:         |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| DATE START:     |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| DATE END:       |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| SP. DIR.:       |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

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Signature \_\_\_\_\_

Date \_\_\_\_\_

| DATE | TIME | COMMENTS |
|------|------|----------|
|      |      |          |
|      |      |          |
|      |      |          |

| NAME OF PERSON ADMINISTERING | INITIALS | ROUTES OF ADMINISTRATION:  |
|------------------------------|----------|----------------------------|
| BARBARA COLLINS              | BC       | ORAL (BY MOUTH)            |
| NANCY PRICE                  | NP       | EYE DROPS (OPTIC)          |
|                              |          | NOSE DROPS (SPRAY) (NASAL) |
|                              |          | EAR DROPS (OTIC)           |
|                              |          | TOPICAL (ON SKIN)          |
|                              |          |                            |
|                              |          |                            |