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UNLV/CSUN Preschool Medication Administration Log

Name of Child:		DOB: _	/	/	Classroom:			
		Start Date	e:/_	/	End Date:	/	/	
Dosag	;e:			Time(s) to	be give	n:		
Instruc	ctions: _							
Physic	cian:					Phone #	# :	
Physician Signature:				Date:				
Parent Signature:				Date: _				
Date Time Amount Given			Printed Name of Person Administrating		Signed name of Person Administrating			Title of Person Administrating
Date T		Time	Amount Given		Description I	Error	Print name / Signature	