

Medication Administration Record

Program Name: _____

Use this log to keep a record of all medication taken by youth program participants. Please submit originals to the Program Director at the end of the program.

Date and Time	Participant's Name	Complaint*	Medication (include dosage)	Staff Member	How was permission obtained?**	Follow Up***

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

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

***Follow up refers to any other steps taken after the medication was provided (e.g., Checked in an hour and the headache had improved).