



MEDICATION/TREATMENT LOG



INSTRUCTIONS: This form will be kept in the child's medication bag along with a copy of the Individual Health Plan & Authorization to Administer Medication at School form.
 This form and a copy of the Parent Consent for Application of Diaper Rash Cream/Ointment or Sunscreen at School form will be kept in the bag with the diaper rash cream/ointment or sunscreen.
 Once the log has been completely filled out, file it in Section 2 of the Child File and put a new form with the medication.

Print Name of Child: _____ Date of Birth: ____ / ____ / ____
 Print Name of Physician: _____ Physician's Phone: () _____
 Physician's Address: _____ Suite _____ City _____, CA ZIP Code _____
Name of Medication: _____ **Treatment for (name medical condition):** _____
Period of time medication is to be given: Begin Date ____ / ____ / ____ **End Date** ____ / ____ / ____

Date Medication is Given	Actual Time Given	Dosage	Treatment	Length of Time for Treatment	Condition of Child Before Medication	Condition of Child After Medication	Parent Notified (✓)	Staff Signature