

# Prescription Medication Log

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

*I give permission to by childcare provider, **Centennial Baptist School**, to administer the following medication to my child. I will not hold my provider liable in the event of reactions or complications arising from my child receiving this medication.*

Name of medication: \_\_\_\_\_

Start Date:\_\_\_\_\_RX Expiration Date:\_\_\_\_\_

Times for each dosage: \_\_\_\_\_am or pm \_\_\_\_\_am or pm

Amount per dose: \_\_\_\_\_

Parent Name Printed: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

[illegible]

## Dosage Log

[illegible]