

Medication Administration Record

Program Name: _____

The purpose of this log is to keep a permanent record of all medication taken by students participating in Youth Programs at UAB. Please use it to record all of the information requested.

Date	Time	Student Name	Complaint*	Treatment (include dosage)	Staff member	How was permission obtained?**	Follow Up***

Note: *Complaint refers to what prompted providing the medication (e.g., The student complained they had a headache; regular prescription time).
**Permission obtained refers to source of authority (e.g., allowed by parent via medication forms, prescribed by doctor, etc).
***Follow up: Please note what follow up is needed, if any, as well as how any follow up went (e.g., Check back in hour on the headache – upon checkup the headache had cleared up).