



EFMP RESPITE CARE MEDICATION ADMINISTRATION LOG

Child's name: _____ DOB: _____

Month/Year: _____ Provider's name: _____

Day	Name of Medication	Time	Dosage	Reaction <i>(if applicable)</i>	Provider Initials	Parent Initials

Things to Remember:

- ☐ Verify that the child's name on medication and the child receiving medication are the same
- ☐ Read and understand the label instructions
- ☐ Observe and report any side effects – for severe instances, please complete an Incident/Accident Report
- ☐ Document administration
- ☐ Over-the-Counter medication cannot be administered without physician's written approval.