



DAILY MEDICATION LOG

MONTH _____

CENTER/HOME BASE: _____

Date: __/__/__	Child's Full Name	Medication Administered	Dosage	Time Given/Staff Initials
Adverse Reactions and Actions Taken		Actions Related to Medical Error		
Date: __/__/__	Child's Full Name	Medication Administered	Dosage	Time Given/Staff Initials
Adverse Reactions and Actions Taken		Actions Related to Medical Error		
Date: __/__/__	Child's Full Name	Medication Administered	Dosage	Time Given/Staff Initials
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