

## Medication Administration Record

Program Name: \_\_\_\_\_

Use this log to keep a record of all medication taken by Youth Program Participants. Please submit originals to the Program Director at the end of the program.

Date	Time	Participant 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 participant 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 how any follow up went (e.g., Checked back in hour and the headache had gone away)