**MEDICATION LOG**

**Name of Infant/Toddler**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Medication |  |  |  |  |  |
| Date |  |  |  |  |  |
| Actual Time Given | AM\_\_\_\_\_\_\_\_\_\_\_PM\_\_\_\_\_\_\_\_\_\_\_ | AM\_\_\_\_\_\_\_\_\_\_\_PM\_\_\_\_\_\_\_\_\_\_\_ | AM\_\_\_\_\_\_\_\_\_\_\_PM\_\_\_\_\_\_\_\_\_\_\_ | AM\_\_\_\_\_\_\_\_\_\_\_PM\_\_\_\_\_\_\_\_\_\_\_ | AM\_\_\_\_\_\_\_\_\_\_\_PM\_\_\_\_\_\_\_\_\_\_\_ |
| Dosage Amount |  |  |  |  |  |
| Route |  |  |  |  |  |
| Staff Signature |  |  |  |  |  |