**Daily Log of Ritalin/Controlled Medications Administered**

Use one Sheet for Each Child

School/Childcare Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date \_\_\_\_\_\_\_\_\_\_\_\_Classroom\_\_\_\_\_\_\_\_\_\_

Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_Route\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of day medication is to be given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time medication is to be given:\_\_\_\_\_\_\_\_\_ Start Date \_\_\_\_\_\_\_\_\_\_\_\_End Date\_\_\_\_\_\_\_

Special Instructions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Health Care Provider Prescribing Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_

**\*All medication received must be counted and signed by two staff members as well as guardian**.

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| Date | # of Pills Received | Time of  administration | # of Pills  Remaining | Initials  (Staff & Guardian) | Comments |
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| Staff Signature | | | | Initials | Date |
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