♦MAT Log of Medication Administration

- Use this form to document all medication administered in the child day program.
- This form must be kept with the child's medication consent form.
- Any medication errors (such as incorrect dose given) must be documented on the back of this form **and** on the MAT Medication Error Reporting Form.
- If the child refuses or vomits up a dose, this is not a medication error, but the missed dose should be documented on the back of this form and the parent should be notified.

CHILD'S NAME _____   MEDICATION _____

COMPLETE FOR ALL DOSES GIVEN					COMPLETE WHEN SIDE EFFECTS ARE NOTED		COMPLETE FOR 'AS NEEDED' MEDICATION ONLY	
Date Given (M/D/Y)	Dose	Route	Time (AM or PM)	Administered by (full signature and print name)	Any Noted Side Effects	Were parents notified?	The symptoms the child had that indicated that the medication was needed	Were parents notified?
			AM□ PM□			Yes □ No□		Yes □ No□
			AM□ PM□			Yes □ No□		Yes□ No□
			AM□ PM□			Yes □ No□		Yes □ No□
			AM□ PM□			Yes □ No□		Yes □ No□
			AM□ PM□			Yes □ No□		Yes □ No□
			AM□ PM□			Yes □ No□		Yes □ No□
			AM□ PM□			Yes □ No□		Yes □ No□
			AM□ PM□			Yes □ No□		Yes □ No□
			AM□ PM□			Yes □ No□		Yes □ No□
			AM□ PM□			Yes □ No□		Yes □ No□
			AM□ PM□			Yes □ No□		Yes □ No□

MAT **Log of Medication Administration**

Complete this section for any medication dose that was not given as written on the child's medication consent form.

Date and time of missed dose or error	Details of missed dose or medication error (included reason error occurred)	Parents notified (date and time)	Signature of Provider / Print Name

Notes: