

The Commonwealth of Massachusetts  
 Department of Early Education and Care

**MEDICATION ADMINISTRATION RECORD**

(This record must be maintained in the children's file when completed)

606 CMR 7.11 (1-3)

**FOR STAFF USE:**

- Who trained the staff? \_\_\_\_\_
- Has the Medication Consent form been completed? \_\_\_\_\_
- Have the "5 rights" been addressed? \_\_\_\_\_
- Is the medication in a safety cap container? \_\_\_\_\_
- Is the original prescription label on the medication container? \_\_\_\_\_
- Is the name of the child given below on the container? \_\_\_\_\_
- Is the date on the prescription current (within the month for antibiotics and within the expiration date for medications which are so labeled; within the year otherwise)? \_\_\_\_\_
- Is the dose, name of drugs, frequency of administration given on the label consistent with parental instructions? \_\_\_\_\_

**Medication can be administered only if the answers to all questions above are "Yes"**

**CHILD'S NAME** \_\_\_\_\_ **MEDICATION** \_\_\_\_\_

<u>DATE</u>	<u>TIME</u>	<u>MEDICATION</u>	<u>DOSE</u>	<u>ROUTE</u>	<u>STAFF SIGNATURE</u>	<u>MISDOSES ERRORS</u>	<u>CHILD REFUSAL</u> <input checked="" type="checkbox"/>

Did you check the label 3 times? \_\_\_\_\_

If child refused medication explain why? \_\_\_\_\_