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**_____

DATE	TIME	MEDICATION	DOSE	ROUTE	STAFF SIGNATURE	MISDOSES ERRORS	CHILD REFUSAL ☑

Did you check the label 3 times?_____

If child refused medication explain why?_____