

As Needed Medication Record

For medication administered on an "as needed" basis (i.e., albuterol)

Name of Child	Medication		Dosage
Time administered	Route	Start date	End Date
Special Instructions			

Dates administered	Time administered	Initials of staff administering medication	Reason for administration (list symptoms)	Resolution of symptoms after administration?	Parents notified?
Date:					
Date:					
Date:					
Date:					
Date:					

Signature and initials of delegated staff who have administered medication on this form	