Washoe County Human Services Agency OTC (Over-The-Counter) Medication Administration Log

Month:	
Year:	

Medication:	Child: DOB: DOB: Caseworker: Careprovider:	By initialing each date/time of administration, you are verifying: 1. Written consent has been obtained from the parent/guardian to administer the medication. 2. I have administered the medication to the child myself and have witnessed him/her take it. 3. I will report all medication errors and/or adverse reactions by the child, to the guardian within 24 hours (verbally) and within 2 working days (in writing) and will be written into the notes section. 4. I understand the possible side effects and interactions of the medication (ask your pharmacist).																															
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