

Pediatric Medication Administration Log Form

This **pediatric medication administration log form** sample is designed to help caregivers accurately record and track the medications given to children. It ensures proper dosage, timing, and adherence to prescribed treatment plans. Using this log promotes safety and effective communication between healthcare providers and families.

Child Information

Child's Name: Date of Birth: Allergies:

Parent/Guardian & Provider Information

Parent/Guardian Name: Healthcare Provider:

Medication Administration Log

Date	Time	Medication Name	Dosage	Route (oral/injection/etc.)	Reason	Administered By	Comments/Side Effects
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Oral <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Oral <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please ensure all entries are complete and accurate. Submit this log to the healthcare provider as required.