# Medication Administration Record

Program Name: _____

Use this to keep a record of all medication taken by your program's participants. Submit originals to the Program Director at the end of the program.

| Date & Time | Participant's Name | Complaint* | Medication (include dosage) | Staff Member | How was permission obtained?** | Follow Up*** |
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*Complaint refers to what prompted providing the medication (e.g., The participant complained of a headache; regular prescription time).

**Permission obtained refers to the source of authority for the medication (e.g., allowed by parent via OTC medication forms; prescribed by doctor)

***Follow up: Please note any follow up by staff (e.g., Checked back in an hour and the headache had gone away).