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| **Date** | **Child’s Name** | **Name of**  **Medication** | **Dosage**  **Given/ Route** | **Time**  **Given** | **Possible Side Effects** | **Reactions/Notes** | **Parent’s**  **Signature** | **Employee’s**  **Signature**  **(Legibly)** |
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**Safety Check** (Please verify each time prior to administering medication)**:** Right Child, Right Medication, Right Dose, Right Route/Procedure, Right Time, and Expiration date

**Initiate medication incident report for the following:** Wrong child, Wrong medication, Wrong dose, Wrong time, Wrong route, Child refusal, Child spits out dose, Child vomits dose, or Staff/child spills medication.