

DAILY MEDICATION LOG

YOUTH NAME:

Program Date(s):

Reviewed by:



Medication	Dosage & Frequency	Time	D1		D2		D3		D4		D5		Staff Init.
			Time	Staff Init.	Time	Staff Init.	Time	Staff Init.	Time	Staff Init.	Time	Staff Init.	

Note: Medication name on the log must match name of medication on the prescription bottle. Participants are responsible for picking up their medications at the conclusion of the event. Any medication that has been abandoned will be destroyed.