KID'S RESORT
MEDICATION LOG

I hereby request an employee to administer the medication named below to my child. I understand that all medications must be in the original container, labeled with the child's name and with directions to administer the medication. Prescribed medication must also include the date and name of physician. By signing below I release Kid's Resort and its employees from all liability for reactions which my child may suffer from this medication.

Child's Name: _____ Birthdate: _____

Medication Name: _____ Dosage: _____
Time to be given: _____

Medication Name: _____ Dosage: _____
Time to be given: _____

Medication Name: _____ Dosage: _____
Time to be given: _____

_____ _____
Parent Signature Date Date medication was brought to facility.

DATE	MEDICATION NAME	MEDICATION DOSAGE	TIME GIVEN	STAFF NAME

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