

MEDICATION LOG 2026

Child's Name:			OSF	IC Service:		
All medication mu	ist have the	e original pharmacy label wit	th the child's name, requir	ed dosage, da	te medication dispensed and	medication expiry date.
Medication name,	Date	Name and signature of	Name and signature of		Name and signature of	Name and signature of
expiry date and, if	signed	parent/guardian/school	educator	signed out	parent/guardian/school	educator
applicable, number of tablets.	in	representative			representative	

Medication name and expiry date	Date signed in	Name and signature of parent/guardian/school representative	Name and signature of educator	Date signed out	Name and signature of parent/guardian/school representative	Name and signature of educator