

Medication Organization Checklist

Use this form to help keep track of medication information, forms, supplies, expiration dates and storage locations.
 Keep names and medical information confidential. Name of staff person responsible for checklist _____

Child's Name Child's Classroom	Medication Name Exp. date	Storage Location	Reason for Medication Care Plan last updated*	Disaster Supply** Qty: Exp:	Notes Date Checked

** Care plans are needed for long term conditions. Update annually and as needed. * A disaster supply of medication is needed for critical medications.