



Medical Assistance Type--

(i.e. Juice or water Log)

Child's name: _____

DOB: _____

Campus: _____ **Head Start**

 Administering Staff Signature

 Initials

 Administering Staff Signature

 Initials

 Administering Staff Signature

 Initials

Physician's requirement:

MONTHLY LOG

DATE	TIME OF BATHROOM BREAK				TIME JUICE GIVEN				STAFF INITIALS	DATE	TIME OF BATHROOM BREAK				TIME JUICE GIVEN				STAFF INITIALS