

Child's Full Name:

Month/year:

Medication and Dosage	17		18		19		20		21		22		23		24 Time/Initials	
	Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials	

Medication and Dosage	25		26		27		28		29		30		31	
	Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials	

Signature(s) of person(s) administering medication: _____

**Each set of initials should have a corresponding signature.*

Signature(s) of Case Manager: _____

** Remember to Document: (1) Child's full name; (2) Prescribing physician; (3) Medication name, strength, and dosage; (4) Date and time medication was administered; (5) Name and signature of person administering medication; (6) Child's refusal to accept medication; (7) Reasons for administering the medication*