**Circles of CareMedication Administration Log**\* Document the time and initial the appropriate space each time medication is administered.

**Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Form 1219

September 2018

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication** | **Dosage** | **Frequency** | **1**Time/Initials | **2**Time/Initials | **3**Time/Initials | **4**Time/Initials | **5**Time/Initials | **6**Time/Initials | **7**Time/Initials | **8**Time/Initials |
|  |  |  | 🞏 am🞏 pm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  |
|  |  |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  |
|  |  |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication** | **Dosage** | **Frequency** | **9**Time/Initials | **10**Time/Initials | **11**Time/Initials | **12**Time/Initials | **13**Time/Initials | **14**Time/Initials | **15**Time/Initials | **16**Time/Initials |
|  |  |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  |
|  |  |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  |
|  |  |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  |
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Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescribed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescribed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescribed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescribed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication** | **Dosage** | **Frequency** | **17**Time/Initials | **18**Time/Initials | **19**Time/Initials | **20**Time/Initials | **21**Time/Initials | **22**Time/Initials | **23**Time/Initials | **24**Time/Initials |
|  |  |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  |
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Form 1219

September 2018

**Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication** | **Dosage** | **Frequency** | **25**Time/Initials | **26**Time/Initials | **27**Time/Initials | **28**Time/Initials | **29**Time/Initials | **30**Time/Initials | **31**Time/Initials |  |
|  |  |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pmqamqpm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  |  |  |
|  |  |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  |  |  |
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|  |  |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  | 🞏 am🞏 pm |  |  |  |

**Persons Administering Medication** *(Each set of initials should have a corresponding signature)*

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Case Manager reviewed for accuracy in home on:** \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
 Date and initials Date and initials

Date of Placement/Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ am pm

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**Note that the entire monthly medication log must be turned in even if medication was not administered every day of the month.**