

Child's Full Name: _____

Month/Year: _____

Form 1219
September 2018

Circles of Care Medication Administration Log

* Document the time and initial the appropriate space each time medication is administered.

Medication	Dosage	Frequency	1		2		3		4		5		6		7		8	
			Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials	
			<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm	
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Medication	Dosage	Frequency	9		10		11		12		13		14		15		16	
			Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials	
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Medication: _____ Prescribed By: _____ Reason: _____

Medication: _____ Prescribed By: _____ Reason: _____

Medication: _____ Prescribed By: _____ Reason: _____

Medication: _____ Prescribed By: _____ Reason: _____

Child's Full Name: _____

Month/Year: _____

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Medication	Dosage	Frequency	17		18		19		20		21		22		23		24	
			Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials	
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Medication	Dosage	Frequency	25		26		27		28		29		30		31			
			Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials		Time/Initials			
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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

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