Child's Full Name: _	Month/Year: Circles of Care												Form 1219 September 2018										
		* Document the time and initial the appropriate space each time medication is admini															nistered.						
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 □ pm		□ 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 □ pm		□ am		□ am		□ am □ pm		□ am □ pm		□ am □ pm		□ am		□ am □ pm						
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Child's Full Name: _	Month/Year:													Form 1219 September 2018						
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			
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Medication	Dosage	Frequency	25 Time/Initials		26 Time/Initials		27 Time/Initials		28 Time/Initials		29 Time/Initials		30 Time/Initials		31 Time/Initials					
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Persons Administering Printed Name:	ng Medicatio	n (Each set of in	nitials sho	ould have	a corres,	ponding		<i>re)</i> ature: _	:									·		
Printed Name:												,								
Signature of Case Man	nager:			Ca	ase Man	ager re	viewed :	for accu	ıracy in	home o		and initia	ıls	Date	and initial	S				
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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.