***Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Prescribing Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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

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

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

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

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |
|  |  |  | 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 |  |
|  |  |  | ampm |  | ampm |  | ampm |  | ampm |  | ampm |  | ampm |  | ampm |  | ampm |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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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 |  | 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 |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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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 |  |
|  |  |  | 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 |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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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 |  | ampm |  | ampm |  | ampm |  | ampm |  | ampm |  |  |
|  |  |  | ampm |  | ampm |  | ampm |  | ampm |  | ampm |  | ampm |  | ampm |  |  |

*\*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*

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

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

**Signature(s) of Case Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Case Manager reviewed for accuracy in home on:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 ***Date & Initials***