

## Medication Log

Attn: Please place your initials in box to indicate medication was administered.

Child Name: \_\_\_\_\_

Resource Family: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Medications	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Name:																																	
Dose:																																	
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Dose:																																	
Route:																																	

Signature	Initials

Codes	
D/C----Discontinued	V----Visitation with Parents/Guardians
R-----Respite	O----Medications Withheld
W/S---Work/School	E----Error
F-----Refused	A----Alternate Residence (hospital, etc.)

Reviewed by: \_\_\_\_\_  
Staff signature

\_\_\_\_\_ Date