

MEDICATION ADMINISTRATION LOG

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	
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SIGNATURES	INITIALS

CODES

<p>D/C --- Discontinued</p> <p>R ----- Respite</p> <p>W/S --- Work/School</p> <p>F ----- Refused</p>	<p>V ----- Visitation with Parents/Guardians</p> <p>O ----- Medications Withheld</p> <p>E ----- Error</p> <p>A ----- Alternate Residence (hospital, etc.)</p>
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Reviewed by: _____
STAFF SIGNATURE

DATE _____