

**MEDICATION ADMINISTRATION RECORD
FOR** _____

(Month/year)

Legend	
HV =Home visit	R = Refused
IR = Incident Report	D/C =Discontinued

Child's Name: _____ **DOB:** _____ **Height:** _____ **Weight:** _____

Pharmacy Address and Phone #: _____ **Medication Allergy:** _____

	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	Refill Due Date
1. Medication:																																	
For:																																	
Dosage:																																	
2. Medication:																																	
For:																																	
Dosage:																																	
3. Medication:																																	
For:																																	
Dosage:																																	
4. Medication:																																	
For:																																	
Dosage:																																	
5. Medication:																																	
For:																																	
Dosage:																																	

Comments: _____

Name of person(s) who administered the medications:

Print _____ Sign _____ Initials _____

Print _____ Sign _____ Initials _____

Print _____ Sign _____ Initials _____

Supervisor Signature _____ Date: _____

*****If you make an error initialing in a box you should **cross it out with a SINGLE LINE** and write (err) for error above it.

MEDICATION CHANGES, DISCONTINUATIONS OR ADDITIONS THAT HAVE TAKEN PLACE THIS MONTH (SEE PAGE 2)

MEDICATION ADMINISTRATION RECORD FOR _____ (Month/year)

Child's Name: _____

All possible side effects of these medications have been reviewed by the foster parent and shared with the child , as age appropriate, prior to administration.

Check if Medication was discontinued

The discontinued medication was disposed of according to procedures outlined in the Benchmark Family Services Foster Parent Handbook.

Medication	Dosage	Foster Parent Signature	Date of Change
		_____ Foster Child Signature	_____ Date of Change

Check if Medication was discontinued

The discontinued medication was disposed of according to procedures outlined in the Benchmark Family Services Foster Parent Handbook.

Medication	Dosage	Foster Parent Signature	Date of Change
		_____ Foster Child Signature	_____ Date of Change

Check if Medication was discontinued

The discontinued medication was disposed of according to procedures outlined in the Benchmark Family Services Foster Parent Handbook.

Medication	Dosage	Foster Parent Signature	Date of Change
		_____ Foster Child Signature	_____ Date of Change