

**MEDICATION ADMINISTRATION RECORD  
FOR**

(Month/year)

Legend  
 HV = Home Visit C/I = Critical Incident R = Refusal  
 S = School RP = Respite D/C = Discontinued E = Error

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:																																		Fill Date
Pill Tally/TSS Initial:																																		
2. Medication:																																		Refill Due Date
For:																																		
Dosage:																																		Fill Date
Pill Tally/TSS Initial:																																		
3. Medication:																																		Refill Due Date
For:																																		
Dosage:																																		Fill Date
Pill Tally/TSS Initial:																																		

Comments: \_\_\_\_\_

Name of person(s) who administered the medications:

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 ("E") for error above it.**

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

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.

Was Benchmark notified about any medication changes or new medications? \_\_\_\_\_

**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 new medication

Check if discontinued medication

Check if a dosage change

Was Benchmark notified about any medication changes or new medications

Yes\_\_\_\_\_ No\_\_\_\_\_

Your Name\_\_\_\_\_

Who was Notified\_\_\_\_\_

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

Check if new medication

Check if discontinued medication

Check if a dosage change

Was Benchmark notified about any medication changes or new medications

Yes\_\_\_\_\_ No\_\_\_\_\_

Your Name\_\_\_\_\_

Who was Notified\_\_\_\_\_

Medication	Dosage	Foster Parent Signature	Date of Change
------------	--------	-------------------------	----------------

---

Foster Child Signature

Date of Change

---

Check if new medication

Check if discontinued medication

Check if a dosage change

Was Benchmark notified about any medication changes or new medications

Yes \_\_\_\_\_ No \_\_\_\_\_

Your Name \_\_\_\_\_

Who was Notified \_\_\_\_\_

---

Medication

Dosage

Foster Parent Signature

Date of Change

---

Foster Child Signature

Date of Change

---

**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 new medication

Check if discontinued medication

Check if a dosage change

Was Benchmark notified about any medication changes or new medications Yes\_\_\_\_No\_\_\_\_

Your Name\_\_\_\_\_ Who was Notified\_\_\_\_\_

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

Check if new medication

Check if discontinued medication

Check if a dosage change

Was Benchmark notified about any medication changes or new medications Yes\_\_\_\_No\_\_\_\_

Your Name\_\_\_\_\_ Who was Notified\_\_\_\_\_

Medication	Dosage	Foster Parent Signature	Date of Change
------------	--------	-------------------------	----------------

---

Foster Child Signature

Date of Change

---

Check if new medication

Check if discontinued medication

Check if a dosage change

Was Benchmark notified about any  
medication changes or new medications

Yes\_\_\_\_No\_\_\_\_

Your Name\_\_\_\_\_

Who was Notified\_\_\_\_\_

---

Medication

Dosage

Foster Parent Signature

Date of Change

---

Foster Child Signature

Date of Change

---

**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 new medication

Check if discontinued medication

Check if a dosage change

Was Benchmark notified about any medication changes or new medications

Yes\_\_\_\_\_ No\_\_\_\_\_

Your Name\_\_\_\_\_

Who was Notified\_\_\_\_\_

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date of Change

\_\_\_\_\_  
Foster Child Signature

\_\_\_\_\_  
Date of Change

Check if new medication

Check if discontinued medication

Check if a dosage change

Was Benchmark notified about any medication changes or new medications

Yes\_\_\_\_\_ No\_\_\_\_\_

Your Name\_\_\_\_\_

Who was Notified\_\_\_\_\_

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date of Change

---

Foster Child Signature

Date of Change

---

Check if new medication

Check if discontinued medication

Check if a dosage change

Was Benchmark notified about any medication changes or new medications

Yes\_\_\_\_\_ No\_\_\_\_\_

Your Name\_\_\_\_\_

Who was Notified\_\_\_\_\_

---

Medication

Dosage

Foster Parent Signature

Date of Change

---

Foster Child Signature

Date of Change

---