MEDICATION ADMINISTRATION RECO	ORD FOR		,	= Home Visit C/I= Critical In	
Childs Name:			DOB:	S= School RP= Respite	D/C: Discontinued E= Error Weight:
Pharmacy Address and Phone #				Medication Aller	
 Time 1 2 3	3 4 5 6 7	8 9 10 11 12 13 14 15	16 17 18 19 20 2	_	
Medication For					iii date
Dosage					refil date
Pill Tally/TSS Initial:					
Medication For					date fill date
Dosage Pill Tally/TSS Initial:					refill date
Medication For					till date
Dosage					Lefill date
Pill Tally/TSS Initial:					
Comments: Name of person(s) who administered the Print Print Supervisor Signature	e medications:	S	ign ign ate		Initials Initials

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

MEDICATION CHANGES, DISCONTINUATIONS OR ADDITIONS THAT HAVE TAKEN PLACE THIS MONTH RECORDED ON 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.

MEDICATION ADMINISTRATI	ION RECORD F	OR:							
Childs name:									
All possible side effects of	of these medic	ations have been r	eviewed by the foster parent and sl	hared with the child, as age appropriate, pric	r to administration.				
Check if dosage change		ld Dosage	Was Benchmark notified about any medication changes or new medications:						
	N	lew Dosage	Who was notified	Date					
Check if new medication									
Check if discontinued medication									
Medication		Dosage	Foster Parent Signature	Date of Change					
			Foster Child Signature						
Check if dosage change		Id Dosage	Was Benchmark notified about any medication changes or new medications:						
	N	lew Dosage	Who was notified Date						
Check if new medication									
Check if discontinued medication									
Medication		Dosage	Foster Parent Signature	Date of Change					
			Foster Child Signature						
Check if dosage change		ld Dosage	Was Benchmark notified about any medication changes or new medications:						
New Dosage		Who was notified	Date						
Check if new medication									
Check if discontinued medication									
Medication		Dosage	Foster Parent Signature	Date of Change					
			Foster Child Signature						