Prescription and Over-the-Counter Medication Administration and Recording Sheet

Child Name:										Mor	nth/Ye	ear:																			
1. In 2. Or 3. Ur	Instructions for Administering Medication 1. In the block titled "Medication and Dosage", write the name of the drug and the dosage instructions. 2. On the second line, indicate whether the medication is prescribed or over-the-counter and if you have submitted documentation to LFS from the physician regarding the medication. 3. Under the numbers which correspond to the days in a month, write the exact time (including am/pm) you gave the medication and your initials 4. At the bottom of the form, every person who administers medications must write their initials and print their full name so it is legible. Medication and Dosage:																														
Med	icatio	n an	d Dos	age:																											
	ribed:		Over-th		nter:		Doc	ument	tation	from p	hysici	an on	file?	Yes 🗌	No		R	eview	ed by (staff ir	nitials):								-		
Ex	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	_	17	18		20	21	22	23	24	25	26	27	28	29	30	31
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Med	Medication and Dosage:																														
Presc	Prescribed: Over-the-Counter: Documentation from physician on file? Yes No Reviewed by (staff initials):																														
Ex	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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Med	Medication and Dosage:																														
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Ex	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
8:02 am jd																															
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Additional Information/Comments:		

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