MEDICATION ADMINISTRATION RECORD

Name of Child: Certified Family: Month: Year:

Medication & mg.	# Pills		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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Instructions:
Write your initials in the box when medication is administered
Use the following key for any medications that are not dispensed by the home

S = medications given at school
H = medications given to family to dispense during home visit
D/C = medication discontinued

Draw a line through remaining boxes if medication is discontinued
Draw a line through preceding boxes any time a new medication is started

KEY:

Name:	Initials