**Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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.

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| **Medication and Dosage:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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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| **Medication and Dosage:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prescribed:  Over-the-Counter:  Documentation from physician on file? Yes  No  Reviewed by (staff initials): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**Initial/Full Name**

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| **Medication and Dosage:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prescribed:  Over-the-Counter:  Documentation from physician on file? Yes  No  Reviewed by (staff initials): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Medication and Dosage:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prescribed:  Over-the-Counter:  Documentation from physician on file? Yes  No  Reviewed by (staff initials): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**Additional Information/Comments:**