



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

Child Name: _____

Month/Year: _____

☐ No Medications Administered During the Month

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, sign and print their full name so it is legible.

Medication and Dosage:																															
Prescribed: <input type="checkbox"/>		Over-the-Counter: <input type="checkbox"/>		Documentation from physician on file? Yes <input type="checkbox"/> No <input type="checkbox"/>														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
8:02 am jd																															
11:59 am jd																															
4:04 pm jd																															
8:03 pm jd																															

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4:04 pm jd																															
8:03 pm jd																															

Initial/Full Name

_____/_____/_____



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Additional Information/Comments:																															
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