| **Child's Name** | | | | | | | | | | | | | | | | |  | **Child's Height:** | | | | | | | **Child's Weight:** | | | | | | | | |
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| **Provider:** | | | | | |  | **Child’s Birthdate:** | | | | | | | | | |  | **Medication List:**  **Ex:** *Ritalin- 10 mg take 1 tablet by mouth every morning*  **PRN Medication List (last page):**  **Ex: Ibuprofen- 200 mg tablets take as needed** | | | | | | | | | | | | | | | |
| **Guardian:** | | | | | | | | | | | | | | | | |  |
| **CODE:**  **D = Dropped**  **O = Out of Home**  **R = Refused**  **M = Missed** | | | | | | | | | | | | | | | | |  |
|  | **MONTH:** | | | | | | |  | **YEAR:** | | | | | | | |
| **Name of Medication/ Dosage Amount** | **Day of the month** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hour** | **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** |
| *Example: Ritalin 10 mg take 1 tablet by mouth every morning* | *7 a.m.* | *JD* | *JD* | *JD* | *JD* | | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* |
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**Child's Name: Birthday: PRN Month/Year:**

| **Name of Medication/**  **Dosage Amount** | **Day of the month** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Time dispensed** | **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** |  |
| **PRN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Ex: Ibuprofen- 200 mg tablets take as needed** |  | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* | *JD* |  |
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| CODE**: D = Dropped**  **R = Refused**  **M = Missed**  **O = Out of Home** | Allergies: | Reactions: | No Known Allergies: | Emergency Dial 911  All medications are oral unless specified and trained to administer by a healthcare professional. |
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**Medication and Respite/Visits**

| **Name of Medication packed for passes/visits** | **Date medication packed** | **Number of days packed** | **Reason Medication was packed** | **Initials of Provider** |
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**Missed or Refused Meds Require an Incident Report**

| **Name of Medication Missed** | **Date Medication was missed** | **Reason Medication was missed** | | **Initials of Provider** |
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