| **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** |  |
| --- | --- | --- |
| **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 911All 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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