

Month: _____	Time Given	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	
Medication Name & Strength:																																	
# of Pills each time:																																	
When given:																																	
Route Giving:																																	
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Section 2: Please enter a specific reason/explanation as to why a prescribed medication was not given as directed.

Date	Time	Initials	Medication	Remarks

Section 3: Discontinued, contaminated, or out dated medications to be destroyed

- Must have two signatures (can be both resource parents) and can be destroyed by crushing or dissolving the solid medications in liquid and adding that liquid to an undesirable substance (coffee grounds, kitty litter). Put the paste in a *non-see-through* container and throw the container in the trash. For liquid medications, add the liquid to the undesirable substance and throw the paste away in a *non-see-through* container.
- If the medication is a controlled substance such as Ritalin, Concerta, Adderal, Focalin, etc., it must be destroyed by a resource parent and a case worker in the same method as above.

Date	Time	Initials	Medication	Remarks

Section 4: Over the Counter (OTC) or other PRN medications (medications given only when needed for a specific symptom such as Tylenol for a headache)

- Resource parents must have a medical consent form signed by the parent or legal guardian in order to give the child OTC medications.
- Child’s physician should be contacted if the child is on other prescribed medications.

Date	Medication	Strength	Amount	Reason	Result	Signature

Section 5: Record any changes in the child’s behavior as a response to the medication. Please also note any adverse reactions.

Date	Medication	Strength	Amount	Reason	Result	Signature