H = HOSPITAL R = REFUSE S = SCHOOL M= MISSED

MEDICATION ADMINISTRATION RECORD

A = AWOL NS = NO SHOW V= VISITATION

CHILD'S NAME	M/F	AG	E	DO	E	ALL	.ERGI	ES	WE	IGHT		HEI	GHT	MON	NTH-YE	AR		NSSV	N			F	OSTE	r hom	E		F		R PARE		FP INIT/	ALS
PRESCRIBED MEDICATIONS	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
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OVER THE COUNTER MEDICATIONS	DATE	<u>TIME</u>	REASON	<u>RESULT</u>	<u>RESOURCE</u> <u>PARENT</u> <u>SIGNATURE</u>

CENTRALLY STORED MEDICATION AND DESTRUCTION RECORD

I. CENTRALLY STORED M INSTRUCTIONS: <i>Centrally</i>	stored medicat	FACILITY NAME:									
Except authorized in	NORTH STAR FAMILY CENTER										
	FACILITY NUMBER	<u>e: 107 206</u> '	754								
NAME (Last First Middle)			ADMISSION DATE		ATTENDIN	JG PHYSICIAN	MONTH/YEAR:				
MEDICATION NAME	START DATE	STRENGTH/ QUANTITY	INSTRUCTIONS CONTROL/CUSTODY	EXPIRATION DATE	DATE FILLED	PRESCRIBING PHYSICIAN & PHONE #	PRESCRIPTION NUMBER	NO. OF REFILLS	NAME OF PHARMACY		

II. MEDICATION DESTRUCTION RECORD INSTRUCTIONS: All prescription drugs should be given to client upon termination of services. Any prescription drugs left behind shall be destroyed in the home by the foster parent and the NSSW. The agency shall retain records for at least three years.													
MEDICATION NAME STRENGTH/ QUANTITY DATE FILLED PRESCRIPTION NUMBER DISPOSAL DATE NAME OF PHARMACY SIGNATURE OF ADMINISTRATOR OR DESIGNATED REPRESENTATIVE SIGNATURE OF WITNESS ADULT													