## Fremont County Department of Human Services Kinship/Foster/Adoptive Program

Medication Administration and Recording Sheet Month/Year:

Child
Name

## INSTRUCTIONS FOR ADMINISTERING MEDICATION

- In the block titled "medication", write the name of the drug and the directions written on the prescription bottle or package.
- Under the "hour" block, put the time that the medication should be given.
- Under the numbers which correspond to the days in a month, write the exact time you gave the medication and your initials. Each day needs to be filled out individually (do not write 8:00 a.m. and draw a line thru each day of the month)
- At the bottom, every person who administers medications should write their initials and sign their full name.

  If you are more than ½ hour before or after the time for administering a medication, circle the box and explain the reason in the space entitled "documentation of Medication Errors".
- 7004
- Should you have any concerns about a medication error, contact Poison control at 1-800-222-1222.

  For non-prescription medications, which a physician has authorized in writing, write the exact medication name and instructions under the block titled medication. Initial and put the time given under the date that the medication was used. Any medication (oral or topical) should be documented.

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