

ARIZONA'S CHILDREN ASSOCIATION

MEDICATION SHEET

Attachment 1

MONTH: _____

LAST NAME: _____ FIRST NAME: _____ DOB: _____

ALLERGIES: _____

DOSE: _____ MEDICATION: _____ ROUTE: _____ SPECIAL INSTRUCTIONS: _____

| TIME | 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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DOSE: _____ MEDICATION: _____ ROUTE: _____ SPECIAL INSTRUCTIONS: _____

| TIME | 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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DOSE: _____ MEDICATION: _____ ROUTE: _____ SPECIAL INSTRUCTIONS: _____

| TIME | 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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DOSE: _____ MEDICATION: _____ ROUTE: _____ SPECIAL INSTRUCTIONS: _____

| TIME | 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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LIST NAMES OF ANY AUTHORIZED ADULTS OR YOUTH WHO ADMINISTERED OR SELF-ADMINISTERED MEDICATIONS FOR THIS MONTH

| PRINT NAME | ROLE | INITIALS | SIGNATURE |
|------------|------|----------|-----------|
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Key: LM = Late Medication MM = Missed Medication RF = Refused Medication
 Initials & Signatures **MUST** be handwritten.

Approved by MRD 10-16-08
 Reviewed by AB 4.2013