

Medication Sheet



Date: _____

Client Name: _____

TIME OF DISPENSATION: MORNING (9 AM)

DOSAGE/MG	MEDICATION	PURPOSE	RTE	FRI	SAT	SUN
				X		
				X		
				X		
				X		
				X		

TIME OF DISPENSATION: NOON (1 PM)

DOSAGE/MG	MEDICATION	PURPOSE	RTE	FRI	SAT	SUN
				X		
				X		
				X		
				X		
				X		

TIME OF DISPENSATION: AFTERNOON (5 PM)

DOSAGE/MG	MEDICATION	PURPOSE	RTE	FRI	SAT	SUN

TIME OF DISPENSATION: EVENING (9 PM)

DOSAGE/MG	MEDICATION	PURPOSE	RTE	FRI	SAT	SUN
						X
						X
						X
						X
						X

Medication Sheet



INIT Staff signature

INIT Staff signature

I DO HEREBY AUTHORIZE THE STAFF ON DUTY TO ADMINISTER THE ABOVE-MENTIONED MEDICATIONS ACCORDING TO THE DIRECTIONS/TIMES I HAVE LISTED.

<p>ABBREVIATIONS</p> <p>R- Refused</p> <p>MD – Med Destroyed</p> <p>NS – Med Not Sent</p> <p>SE – Staff Error</p>
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Date Parent/guardian signature

Date Signature of participant over age 18

Body Chart

for identifying area(s) of injury



Date: _____

Client Name: _____

Time injury was noticed: ____AM ____PM

Staff name: _____

Staff signature: _____

Short Summary of Injuries:

Recommendations:

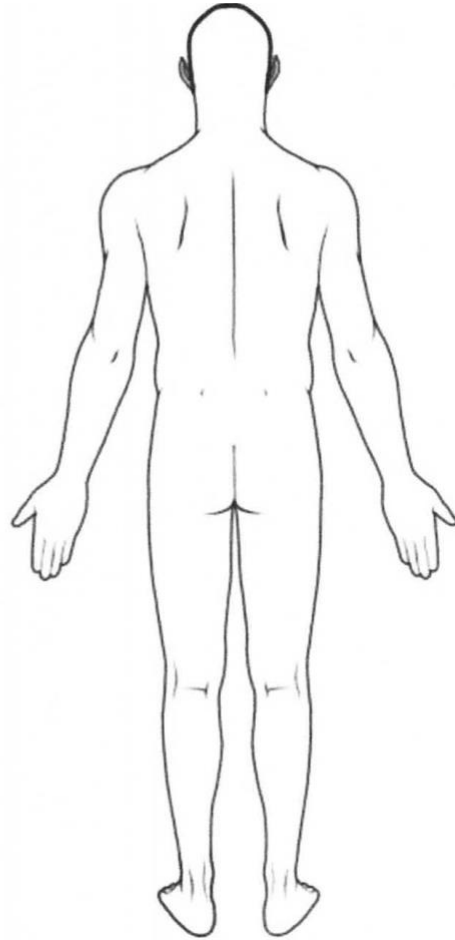
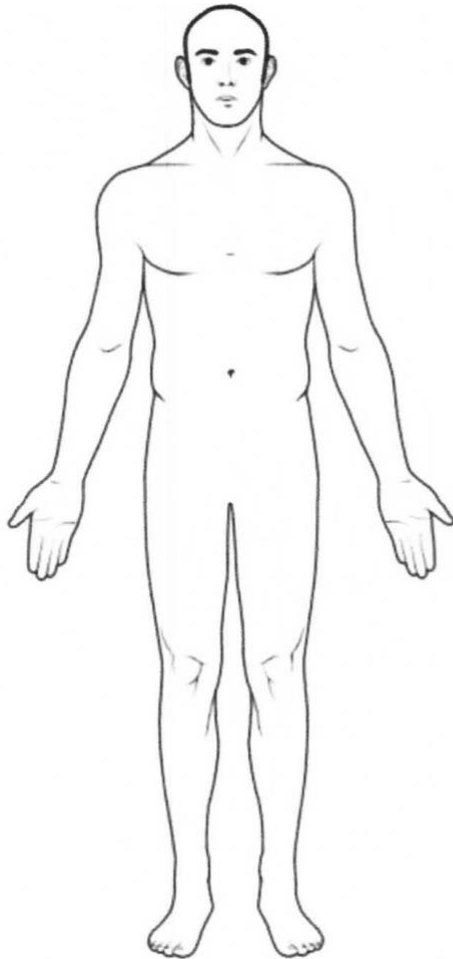
Witness

Parent signature coming in

Body Chart

for identifying area(s) of injury

Parent signature coming out



Mark on the figure any bruises, sores, cuts, scratches, marks, etc. visible on guest at the time of examination.