

Agape Manor Home



Child Placing Agency

Medication record

Agency Home: _____

Child Name: _____

Month & Year: _____	Drug Allergies: _____	Physician(s): _____
---------------------	-----------------------	---------------------

Medication, Direction & Reason	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
--------------------------------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Please document in each column 1. The time of administration (Top) 2. Initials of the care giver (Bottom)

Care Giver Names:	Initials:	R= Refused to take. O= Medicine Run out. H= out of home (hospital, Home visit etc) S= sent with child to give at another site, ex. school	PRN= as needed, QD= once a day, BID=twice daily, TID= three times daily, QID= four times daily, AM =morning, HS= bedtime, I= one, II=two, III=three, DC= discontinue
-------------------	-----------	--	--

Foster Parent Signature: _____	Case Manager Signature: _____	Date: _____
--------------------------------	-------------------------------	-------------