

**RED MOUNTAIN FAMILY SERVICES, INC
MEDICATION ADMINISTRATION RECORD**

Client Name _____ D.O.B. _____ Month/Year _____
 Allergies _____

Medication: _____ Generic Name: _____
 Mg. of Tabs/Caps: _____ Exp. Date: _____ Frequency: _____
 Date Filled: _____ Doctor's Name: _____

Reason for Medication																																
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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TFC Parent Signature: _____ TFP Initials: _____
 TFC Parent Signature: _____ TFP Initials: _____
 Respite Parent Signature: _____ Respite Parent Initials: _____
 Bio Family Signature: _____ Bio Family Initials: _____

TC Initials and Date: _____

*Give dates & reasons for missed dosages on the back of this form
 *Explain change in medication(s) on the back of this form
 Updated 06/24/2015 CCT *final*

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Use this page for any explanations that are needed.

1) What medications did you dispose of?

When? _____
How? _____

2) What changes occurred this month with regard to medications?

3) Did you count the pills for each prescription when you picked them up?

4) Errors?

Wrong Amount of pills?

Other-

Sign and Date by TFC Parent Completing this Document