



# Medication Records for School Administration

To be used with Red Mountain Family Services Treatment Foster Children

Name of Treatment Foster Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Month and Year for Medication Administration: \_\_\_\_\_

School Name: \_\_\_\_\_

Name of Person at School Giving the Medications(s) \_\_\_\_\_

**Medication:** \_\_\_\_\_ Generic Name: \_\_\_\_\_

Mg of Tab/Cap: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Frequency: \_\_\_\_\_

Date Filled: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Prescription #: \_\_\_\_\_

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

Date the Treatment Foster Parent talks to School Staff about change in medication (include whom they talked to: how many pills they gave the school staff, etc.) \_\_\_\_\_

Date the Treatment Foster Parent talks to School Staff about change in medication (include whom they talked to: how many pills they gave the school staff, etc.) \_\_\_\_\_

Date the Treatment Foster Parent talks to School Staff about change in medication (include whom they talked to: how many pills they gave the school staff, etc.) \_\_\_\_\_

\_\_\_\_\_  
School Staff/School Nurse Signature Date

\_\_\_\_\_  
Treatment Foster Parent Signature Date

\_\_\_\_\_  
Red Mountain Family Services, Inc. Staff who received this form Date

**Official Property of Red Mountain Family Services, Inc.**