

RECORD FOR RELIEVER MEDICATION

Child's Name: _____ Birthdate: _____

Medication: _____ Dose: _____ Route: _____ Time/frequency: _____

Location of Medication: _____

Note: It is recommended that the child or adult responsible for giving medication carry reliever medication. They should NOT be stored in a locked location.

Other directions: _____

Directions:

- Only one medication per record.
- Initial of personnel indicates that he/she gave medication and/or witnessed that it was taken.
- Full signature must appear on each page that initials appear.

Date	Time	Comments	Initials

Signature: _____ Initials: _____

_____ Initials: _____

_____ Initials: _____