

# Prescription Medication Log Form

<b>Name:</b>	<b>ID #:</b>	<b>Medication Allergies:</b>
<b>Medication:</b>	<b>Medication Strength:</b>	<b>Doctor:</b>
<b>Label Instructions:</b>		<b>Reason:</b>
<b>Start Date:</b>	<b>Side Effects:</b>	

Month													Year																		
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
Youth																															
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Is above a new medication? Yes  No 
 If yes, education provided to youth on \_\_\_\_\_ by \_\_\_\_\_ Education to Guardian on \_\_\_\_\_ by \_\_\_\_\_  
MM/DD/YYYY Staff Name MM/DD/YYYY Staff Name

Informed consent for new psychotropic medication granted by Guardian \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_  
Guardian MM/DD/YYYY Staff Name

Names and Initials of Staff Completing Form				*Key			
Name (Please type or print)	Initials	Name (Please type or print)	Initials	<b>MEDICATION:</b>			
				Not Given	<b>O</b>	Away from program	<b>A</b>
				Refused	<b>R</b>	Wrong time	<b>Time/initials</b>
				Given at school	<b>S</b>	As needed	<b>Time/initials</b>

\* Use back of form to document medications not given, side effects, etc. Include date, time, explanation, and signature. **Notify supervisor of the incident.**

Reviewed by supervisor (signature): \_\_\_\_\_ Date: \_\_\_\_\_