



NAME OF CHILD:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Medicine							
Time Given	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Dosage/Amount							
Licensee Signature							
Notes/Concerns							

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Medicine							
Time Given	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Dosage/Amount							
Licensee Signature							
Notes/Concerns							

Signatures:

Medication returned to parent/guardian
Date:

Parent/Guardian signature:	Licensee Signature:
----------------------------	---------------------