

DUE 1ST DAY OF EACH MONTH BY 5:00PM

# AFFINITY FAMILY CARE MEDICATION LOG

CLIENT NAME: \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_

PROVIDER: \_\_\_\_\_ SUPPORT COORDINATOR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

| MEDICATION: |   |   |   |   | DOSAGE: |   |   |   |    | HOW ADMINISTERED: |    |    |    |    | TIME OF DAY AM/PM: |    |    |    |    | SPECIAL INSTRUCTIONS/COMMENTS: |    |    |    |    |    |    |    |    |    |    |  |
|-------------|---|---|---|---|---------|---|---|---|----|-------------------|----|----|----|----|--------------------|----|----|----|----|--------------------------------|----|----|----|----|----|----|----|----|----|----|--|
| 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 |  |
|             |   |   |   |   |         |   |   |   |    |                   |    |    |    |    |                    |    |    |    |    |                                |    |    |    |    |    |    |    |    |    |    |  |

PLACE AN "X" ON THE DAY OF THE MONTH MEDICATION IS ADMINISTERED

| MEDICATION: |   |   |   |   | DOSAGE: |   |   |   |    | HOW ADMINISTERED: |    |    |    |    | TIME OF DAY AM/PM: |    |    |    |    | SPECIAL INSTRUCTIONS/COMMENTS: |    |    |    |    |    |    |    |    |    |    |  |
|-------------|---|---|---|---|---------|---|---|---|----|-------------------|----|----|----|----|--------------------|----|----|----|----|--------------------------------|----|----|----|----|----|----|----|----|----|----|--|
| 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 |  |
|             |   |   |   |   |         |   |   |   |    |                   |    |    |    |    |                    |    |    |    |    |                                |    |    |    |    |    |    |    |    |    |    |  |

PLACE AN "X" ON THE DAY OF THE MONTH MEDICATION IS ADMINISTERED

| MEDICATION: |   |   |   |   | DOSAGE: |   |   |   |    | HOW ADMINISTERED: |    |    |    |    | TIME OF DAY AM/PM: |    |    |    |    | SPECIAL INSTRUCTIONS/COMMENTS: |    |    |    |    |    |    |    |    |    |    |  |
|-------------|---|---|---|---|---------|---|---|---|----|-------------------|----|----|----|----|--------------------|----|----|----|----|--------------------------------|----|----|----|----|----|----|----|----|----|----|--|
| 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 |  |
|             |   |   |   |   |         |   |   |   |    |                   |    |    |    |    |                    |    |    |    |    |                                |    |    |    |    |    |    |    |    |    |    |  |

PLACE AN "X" ON THE DAY OF THE MONTH MEDICATION IS ADMINISTERED

PROVIDERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_