



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:
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