

SMART Child and Family Services Medication Log

(Check each time meds are administered).

Client's Name: _____

DOB: _____

MaineCare #: _____

Physician: _____

Physicians Phone: _____

Known Allergies and Drug Reactions:

Administration Codes: R = refused, O = omitted, S = school, E = error,
P = on pass (with meds), Checkmark or X = given

MONTH: _____

YEAR: _____

Emergency Phone # (Poison Control): 1-800-442-6305

MEDICATIONS	HOUR	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
	AM																															
Route:	NOON																															
Dosage:	PM																															
Freq:	BED																															
	AM																															
Route:	NOON																															
Dosage:	PM																															
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Client checked and observed for possible side effects 30 minutes to 1 hour after medication administration. If side effects are observed, complete an incident report and notify the prescribing doctor. Please attach a copy of references to side effects to this sheet and a copy of the prescription.

SIGNATURE*	DATE*	SIGNATURE*	DATE*

*MUST BE COMPLETED BY ALL PERSONS ADMINISTERING MEDICATION: FOSTER PARENT(S), RESPITE PROVIDER, OTHER.

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MEDICATION NOTES

Please indicate whether or not child has experienced side effects, including Date, Time, Medication, Dosage, Route, child's response and method taken to alleviate side effects.

- NO SIDE EFFECTS OBSERVED
- CLIENT NOT OBSERVED FOR SIDE EFFECTS
- SIDE EFFECTS NOTED – DETAILS BELOW

DATE & TIME	MEDICATION	DOSAGE	ROUTE	RESPONSE	METHOD

OVER THE COUNTER MEDICATION

If No OTC Medication Given, Please Check Here

Please check the Pre-Approved Over the Counter Medication List before giving ANY "over the counter" medication. The child might be on other medication or food that would react with an over the counter medication, or the child might have allergies; therefore, checking the Over the Counter Medication List is vital. If a physician prescribes any "over the counter" medication, it should be logged on the "Medication Log," not on this log.

Medications NOT to be Given (Please List): _____

DATE	TIME	MEDICATION	REASON	REACTION NOTED	INITIAL