

Medication:

Dosage:

Frequency:

Route:

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	

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Direct Support Staff (Print Name)

Direct Support Staff (Signature)

Date

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Date

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Direct Support Staff (Signature)

Date

Please use the following code if a medication was not administered by an employee
UPS – Unpaid Support H – Hospital N – Nurse S – School W – Work/Workshop

Provider Number: #2502456