



**MEDICATION ADMINISTRATION RECORD FOR:**

Childs name: \_\_\_\_\_

Month/Year \_\_\_\_\_

**All possible side effects of these medications have been reviewed by the foster parent and shared with the child, as age appropriate, prior to administration.**

Check if dosage change  Old Dosage \_\_\_\_\_ Was Benchmark notified about any medication changes or new medications: \_\_\_\_\_

New Dosage \_\_\_\_\_ Who was notified \_\_\_\_\_ Date \_\_\_\_\_

Check if new medication

Check if discontinued medication

Medication

Dosage

Foster Parent Signature

Date of Change

\_\_\_\_\_  
Foster Child Signature

Check if dosage change  Old Dosage \_\_\_\_\_ Was Benchmark notified about any medication changes or new medications: \_\_\_\_\_

New Dosage \_\_\_\_\_ Who was notified \_\_\_\_\_ Date \_\_\_\_\_

Check if new medication

Check if discontinued medication

Medication

Dosage

Foster Parent Signature

Date of Change

\_\_\_\_\_  
Foster Child Signature

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New Dosage \_\_\_\_\_ Who was notified \_\_\_\_\_ Date \_\_\_\_\_

Check if new medication

Check if discontinued medication

Medication

Dosage

Foster Parent Signature

Date of Change

\_\_\_\_\_  
Foster Child Signature