Washoe County Human Services Agency
Prescription Medication (Including Psychotropic Medications) Administration Log

Month: ____________
Year: ____________

Child: ______________________________________
Age: _____________ DOB: ____________________
Caseworker: _______________________________
Careprovider: _____________________________
Careprovider phone: ________________________

By initialing each date/time of administration, you are verifying: 1. Written consent has been obtained from the parent/guardian (or the PLR if it is a psychotropic medication, using HSACS 546 PLR form) to administer the medication. 2. I have administered the medication to the child myself and have witnessed him/her take it. 3. I will report all medication errors and/or adverse reactions by the child, to the guardian within 24 hours (verbally) and within 2 working days (in writing). All errors must be marked with a 'O' and esplained below in notes section. 4. I understand the possible side effects and interactions of the mediation (ask your physician and pharmacist).

	quantity (i.e. # of pills)	Time ↓	Day of month	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
Medication name:	at		Care-provider initial																															
Dosage: ____________ Directions on label: ____________ ____________	at		Care-provider initial																															
Psychotropic? ☐	at		Care-provider initial																															
Prescribing Dr.:	at		Care-provider initial																															
Medication name:	at		Care-provider initial																															
Dosage: ____________ Directions on label: ____________ ____________	at		Care-provider initial																															
Psychotropic? ☐	at		Care-provider initial																															
Prescribing Dr.:	at		Care-provider initial																															
Medication name:	at		Care-provider initial																															
Dosage: ____________ Directions on label: ____________ ____________	at		Care-provider initial																															
Psychotropic? ☐	at		Care-provider initial																															
Prescribing Dr.:	at		Care-provider initial																															

Explain PRN usage and any medication Errors:

HSACS 590

***PLEASE NOTE:** no child in the custody of Washoe County may be administered a prescribed medication without being consented to (except in an emergency) and logged.*