

Hope & Home Medication Administration Record (MAR)	Family:	Foster Parent Initials:	Foster Parent Initials:
Month/Year:	Child's Name:		

Med:	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Dose																
Exact time																
Initial																
Notes:																
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Important!

- ✓ Always double check the med, dosage, & time
- ✓ Always record the exact time (7:03p, 8:59a)
- ✓ Always report a missed dose to HH
- ✓ Always report an incorrectly administered dose to HH
- ✓ Always provide SIGNED authorization from physician regarding all meds administered, including OTC changes, including adding new meds, discontinuing or weaning off existing meds, dose changes, or any other changes regarding medication
- ✓ Always record in the notes section anytime a child refuses meds, any changes in meds, any adverse reactions to meds