

Child/Student Name:
(Last/First)

Date of Birth:
(Day/Month/Year)

☐ Male ☐ Female

Initials

Initials:

Child/Student Focused Medication Management Plan

This plan is intended for physician prescribed medications only.

Child/Student's Name: _____
(Last/First)Date of Birth: _____ ☐ Male ☐ Female
(Day/Month/Year)**Please print clearly. Do not use abbreviations. Update annually.**

	Medication #1 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication #2 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication #3 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication #4 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor
Received medication in original container	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Information sheets provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of medication				
Therapeutic effect(s) of medication				
Possible side effect(s) of medication				
Plan of action for possible side effect(s)				
Medication Dose				
Route of administration (e.g. by mouth)				
Time(s) medication to be given at preschool/school facility				
Start date of medication				
Finish or review date of medication				
COMPLETED BY PARENT				
Medication location for administration/monitoring				
Name of staff person to administer/monitor medication				
Name of alternative staff to administer/monitor medication				
Special Instructions (Please attach pharmacy information sheet)				
COMPLETED DURING MEETING				

Parent Name: _____ Signature: _____ Date: _____
 Staff Name: _____ Signature: _____ Date: _____
 Other: _____ Signature: _____ Date: _____