CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTH: \_\_\_\_\_\_\_\_\_\_\_\_ YEAR: \_\_\_\_\_\_\_\_

PHARMACY NAME, ADDRESS, PHONE # (e.g. Shoppers, 55 Front St. N., Orillia, 705-325-2377): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescribed Time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRN: Yes \_\_\_ No \_\_\_  High Risk Psychotropic Medication: Yes \_\_\_ No \_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**NAME AND INITIAL OF PERSON(S) ADMINISTERING MEDICATION:**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_

**LENGEND:**

**R – Refused Medication (Complete Incident Report) M – Missed Medication (Complete Incident Report) L** – Late

**S** – School Administered **W** – Withheld (Complete Critical Incident Report) **D** – Discontinued

**A** – Absent from home (youth AWOL, custody, hospitalization, etc.) **SA** – Self Administered (youth has been supplied with medication to be self-administered)

**V** – Youth is on Home Visit or Respite Visit - Refer to medication transfer and short term plan policy and procedure)

**E – Medication Error (wrong medication or incorrect dose given to a child)**

**INDIVIDUAL RESPONSE PLAN:**

**M - Missed Medication - Call Pharmacy for direction – Notify On-Call – complete an Incident Report – monitor for side effects listed in the Medication Binder**

**R - Refused Medication – Call Pharmacy for direction – Notify On-Call – complete an Incident Report - monitor for side effects listed in the Medication Binder**

**E – Medication Error – Call Pharmacy – Notify On-Call – Serious Occurrence to be completed – monitor for side effects**

**SIDE EFFECTS:** refer to full list of side effects in the Medication Binder

**MEDICATION CHANGES: (for any med. changes or discontinued medications, document any observed changes in weight, behaviour, emotional and physical state):**