

## Standard Medications (Single Daily Dose)

As part of the treatment Aim High Impact & Ascent (“Aim High”) provides, Aim High staff will administer medications to its clients only if they have been approved by the Parent/Guardian. The purpose of this form is to describe which medications a client is approved to ingest and the instructions for doing so. Whether that is a medication prescribed by a physician, or simply ibuprofen you approve them to take for headaches/inflammation. All medications administered at Aim High are tracked and recorded. All medications are stored in a secure location, away from clients. All medications must be in the original container with the Client’s name and medication information on it. Parents will be notified when there are 10 doses remaining in the container at Aim High and must seek additional medication immediately. Aim High reserves the right to send clients home if there is not an adequate amount of medication on hand.

This form shall be renewed every three months.

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_

### MEDICATION INFORMATION

Medication Name:		Single Pill Dosage:	
Prescribed Dosage:	Start Date:	End Date:	
Type of Medication (circle 1):	Hard Pill	Capsule Pill	Liquid Other: _____
Prescriber:	Purpose:		
Frequency:			
Detailed Administration Instructions:			

### ACKNOWLEDGEMENT

By signing below, the Parent/Guardian has read and understood Aim High’s policies on administering medications to its clients, understands their responsibility in providing appropriate amounts of medication to Aim High and has approved the medications listed above to be administered to the Client while at Aim High.

\_\_\_\_\_  
 Parent/Guardian Signature Date

### MEDICATION UPDATES

New Dosage:	Start Date:	End Date:
Parent/Guardian Signature:		Signature Date:
New Dosage:	Start Date:	End Date:
Parent/Guardian Signature:		Signature Date:
New Dosage:	Start Date:	End Date:
Parent/Guardian Signature:		Signature Date:

**APPROVED MEDICATION ADMINISTRATION LOG**

Client Name: \_\_\_\_\_ Medication Name: \_\_\_\_\_  
*Dosage & Start Date:* \_\_\_\_\_ *Pill Quantity:* \_\_\_\_\_ *Frequency & Time(s):* \_\_\_\_\_ *End Date:* \_\_\_\_\_  
*Dosage & Start Date:* \_\_\_\_\_ *Pill Quantity:* \_\_\_\_\_ *Frequency & Time(s):* \_\_\_\_\_ *End Date:* \_\_\_\_\_  
*Dosage & Start Date:* \_\_\_\_\_ *Pill Quantity:* \_\_\_\_\_ *Frequency & Time(s):* \_\_\_\_\_ *End Date:* \_\_\_\_\_  
*Dosage & Start Date:* \_\_\_\_\_ *Pill Quantity:* \_\_\_\_\_ *Frequency & Time(s):* \_\_\_\_\_ *End Date:* \_\_\_\_\_

Administering Instructions: \_\_\_\_\_

Initial below each date when administering and use the following key to notate when unable to administer the medication:

- A – Absent                      E – Early Dismissal or Late Arrival      O – No Show                      F – Field Trip/Appointment
- X – Clinic Closed              N – No Meds Available                      R – Refusal

<b>April</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>		
<b>May</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
<b>June</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
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Once Completed, collect the following signatures:

\_\_\_\_\_   
 Client Case Manager

\_\_\_\_\_   
 Parent/Guardian