

Medication Administration

Turn in this sheet to the Program Director when complete

Name: Beth Schatz

	Date	Trainee Initials	Lead Initials
Trainee observes House Lead administer medications	1-19-2024 AM	BS	TR
Trainee administers medications with House Lead observing	1-24-2024 AM ^{KW}	BS	TR
Trainee administers medications with House Lead observing	1-25-2024 AM ^{DS}	BS	TR
Trainee administers medications with House Lead observing	1-25-2024 AM ^{MC}	BS	TR
Trainee administers a PRN medication with House Lead observing	1-25-2024 AM ^{SH}	BS	TR

Trainee Signature: Beth Schatz

Lead Signature: [Signature]

Lead Signature: _____