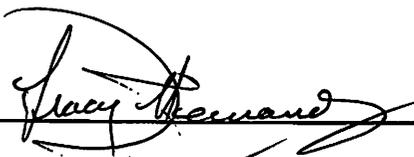


# Medication Administration

Turn in this sheet to the Program Director when complete

Name: Tracey Hernandez

	Date	Trainee Initials	Lead Initials
<b>Trainee observes House Lead administer medications</b>	9-22-23	TH	CH
<b>Trainee administers medications with House Lead observing</b>	9-25-23	TH	CH
<b>Trainee administers medications with House Lead observing</b>	9-25-23	TH	CH
<b>Trainee administers medications with House Lead observing</b>	9-26-23	TH	CH
<b>Trainee administers a PRN medication with House Lead observing</b>	9-25-23	TH	CH

Trainee Signature: 

Lead Signature: \_\_\_\_\_

Lead Signature: 