Medication Administration

Turn in this sheet to the Program Director when complete

Name: Nathan Kern

	Date	Trainee Initials	Lead Initials
Trainee observes House Lead administer medications	7/29	NK	GT
Trainee administers medications with House Lead observing	7/29	NK	GT
Trainee administers medications with House Lead observing	7/29	NK	GT
Trainee administers medications with House Lead observing	7/30	NK	GT
Trainee administers a PRN medication with House Lead observing	7/30	NK	GT

Trainee Signature: _____

Lead Signature: _____

Lead Signature: _____