

# Medication Administration

Turn in this sheet to the Program Director when complete

Name: Autumn T.

	Date	Trainee Initials	Lead Initials
5/11/25 Sun	7/13/25	AT	JR
5/12/25 Tue	7/15/25	AT	(M)
5/13/25 Wed	7/16/25	AT	(M)
5/14/25 Thu	7/19/25	AT	HE
5/15/25 Fri	7/19/25	AT	HE

**Trainee Signature:** *Autumn T.*  
**Lead Signature:** *[Signature]*  
**Lead Signature:** \_\_\_\_\_