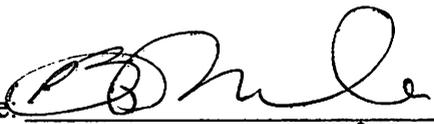


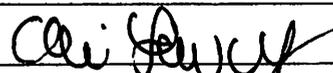
# Medication Administration

Turn in this sheet to the Program Director when complete

Name: Barbie Mahake

	Date	Trainee Initials	PC, HL, or Co-Lead Initials
Trainee observes PC, HL, or Co-Lead administer medications	9/7/25	BM	EIH
Trainee administers medications with PC, HL, or Co-Lead observing	9/10/25	BM	CF
Trainee administers medications with PC, HL, or Co-Lead observing	9/10/25	BM	CF
Trainee administers medications with PC, HL, or Co-Lead observing	9/12/25	BM	EK
Trainee administers a PRN medication with PC, HL, or Co-Lead observing	9/12/25	BM	EK

Trainee Signature: 

PC, HL, or Co-Lead Signature: 

PC, HL, or Co-Lead Signature: 

PC, HL, or Co-Lead Signature: \_\_\_\_\_