Medication and Care Plan Tracking Form

School Year:

Early Learning Program:

Child's Name	Classroom	Medication Name If there are multiple medications for the same child, list each medication on its own line below	Medication Expiration Date ↑ • Which date comes first? • Circle it below. • Cannot give medicine past this date. ↓ **Need new prescription/ container of medicine after:**	Medication Stop Date ↑ ↓ **Need new authorization form signed by health care provider after:**	Care Plan Indicated and Complete? (Y/N)	Care Plan Expiration Date (see bottom of "Medication Authorization" form in care plan packet) **Need new care plan reviewed and signed by health care provider after:**
Benjamin Bunny	C	Benadryl	3/31/2021	(6/30/2020)	Y	6/30/2020
Benjamin Bunny	C	EpiPen Jr.	(2/28/2020)	6/30/2020	Y	6/30/2020