

Medication Schedule

TIP: Keep a copy of this document in your C.A.R.E. Binder and print an extra copy to post somewhere easily accessible, such as on the refrigerator. Refer to the [Medication Refills](#) document in this C.A.R.E. Binder for details on dosage and how to administer. Additional pages can be found in the Attachments section of this C.A.R.E. Binder.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	PRN (As Needed Meds)
☐ AM ☐ MIDDAY ☐ PM Medication Name:	☐ AM ☐ MIDDAY ☐ PM Medication Name:	☐ AM ☐ MIDDAY ☐ PM Medication Name:	☐ AM ☐ MIDDAY ☐ PM Medication Name:	☐ AM ☐ MIDDAY ☐ PM Medication Name:	☐ AM ☐ MIDDAY ☐ PM Medication Name:	☐ AM ☐ MIDDAY ☐ PM Medication Name:	Medication Name: Use as needed for:
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