

Mom

Date	Medication	Dose 1	Dose 2	Dose 3
Jan 8 (Wed)	Oseltamivir	Time: _____		
	Tylenol	Time: _____		
	Temperature	_____		
Jan 9 (Thu)	Oseltamivir	Time: _____	Time: _____	
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 10 (Fri)	Oseltamivir	Time: _____	Time: _____	
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 11 (Sat)	Oseltamivir	Time: _____	Time: _____	
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 12 (Sun)	Oseltamivir	Time: _____	Time: _____	
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 13 (Mon)	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 14 (Tue)	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____

Dad

Date	Medication	Dose 1	Dose 2	Dose 3
Jan 8 (Wed)	Oseltamivir	Time: _____		

Date	Medication	Dose 1	Dose 2	Dose 3
	Doxycycline <i>(with full glass of water)</i>	Time: _____		
	Tylenol	Time: _____		
	Temperature	_____		
Jan 9 (Thu)	Oseltamivir	Time: _____	Time: _____	
	Doxycycline <i>(with full glass of water)</i>	Time: _____	Time: _____	
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 10 (Fri)	Oseltamivir	Time: _____	Time: _____	
	Doxycycline <i>(with full glass of water)</i>	Time: _____	Time: _____	
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 11 (Sat)	Oseltamivir	Time: _____	Time: _____	
	Doxycycline <i>(with full glass of water)</i>	Time: _____	Time: _____	
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 12 (Sun)	Oseltamivir	Time: _____	Time: _____	
	Doxycycline <i>(with full glass of water)</i>	Time: _____	Time: _____	
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 13 (Mon)	Doxycycline <i>(with full glass of water)</i>	Time: _____	Time: _____	
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 14 (Tue)	Doxycycline <i>(with full glass of water)</i>	Time: _____	Time: _____	

Date	Medication	Dose 1	Dose 2	Dose 3
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____

Alex

Date	Medication	Dose 1	Dose 2	Dose 3
Jan 8 (Wed)	Oseltamivir	Time: _____		
	Tylenol	Time: _____		
	Temperature	_____		
Jan 9 (Thu)	Oseltamivir	Time: _____	Time: _____	
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 10 (Fri)	Oseltamivir	Time: _____	Time: _____	
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 11 (Sat)	Oseltamivir	Time: _____	Time: _____	
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 12 (Sun)	Oseltamivir	Time: _____	Time: _____	
	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 13 (Mon)	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____
Jan 14 (Tue)	Tylenol	Time: _____	Time: _____	Time: _____
	Temperature	_____	_____	_____