

## Mom

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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

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

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

## Alex

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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	_____	_____	_____