



Child's Name:

Month:

Year:

PRESCRIPTION/NON-PRESCRIPTION MEDICATION LOG

Medication Name:

Dosage:

Reason for Medication:

Time/Frequency To Give:

Prescribing Doctor's Name & Phone:

Scheduled Time		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Initial																																
	Exact time																																
	Initial																																
	Exact time																																
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	Exact time																																

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	Initial																																
	Exact time																																
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	Exact time																																
	Initial																																
	Exact time																																

NOTE: Log child's refusal/errors in administration by putting an R for refusal or an E for error in the "exact time" box. Then, on the back of the form, give an explanation. You must initial, not simply check, the appropriate space each time you give medication and your signature is required in the space provided.

Signature of Person Administering Medication:		Date
Signature of Person Administering Medication:		Date
Signature of BFS Supervisor that Reviewed Log:		Date

MEDICATION CHANGES OR ADDITIONS THAT HAVE TAKEN PLACE THIS MONTH (SEE PAGE 2)

Child's Name:

All possible side effects of these medications have been reviewed by *the* foster parent and shared with *the* child, as age appropriate, prior to administration.

Medication	Dosage	Foster Parent Signature	Date of Change
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		Foster Child Signature	Date of Change
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Add New Rows Remove rows

Medication	Dosage	Foster Parent Signature	Date of Change
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		Foster Child Signature	Date of Change
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Add New Rows Remove rows

Medication	Dosage	Foster Parent Signature	Date of Change
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		Foster Child Signature	Date of Change
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Add New Rows Remove rows

Medication	Dosage	Foster Parent Signature	Date of Change
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		Foster Child Signature	Date of Change
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Add New Rows Remove rows