

## Foster Home Individual Child Medication Log

Child's Name										Child's Height					Child's Weight									
Case Number					Birthdate					Name and signature of person dispensing medication below:														
Worker's Name										Print Name														
<b>See Instructions below</b>										Signature														
										Log start date					Log end date									

Name of Medication/ Dosage Amount	Day of the month																															
	Hour	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
Example: Ritalin 10 mg	7 a.m.	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD

**Instructions**

When this form is completed, return it to the caseworker and begin a new one.

Complete one form for each child in care. More than one medication may be documented on each form.

When the month has been completed, send the completed form to the child's caseworker and begin a new form. Make a copy for your records, if you wish.

Write the name of the prescription medications, the dosage to be taken and the amount of the dosage to be taken in the first column.

In the "hour" column, indicate the time of day that the medication is to be taken; include AM or PM. Use one line for each time of day that the medication is prescribed.

The person giving the medication will write their initials beneath the day of the month and across from the time of day that the medication was given. If medication is missed or skipped, please initial and circle in the day and time dose was missed.

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