

## **CHILD MEDICATION LOG**

Changing Lives.															Month: Child's height: Child's Weigh											Year	r:					
Child's Name:												_			Ch	ild's	heigh	nt:														
DOB:												_			Na	me a	ınd si	gnatı	ure o	f pers	son d	ispen	sing	medi	catio	n bel	ow:					
Foster Care and Ado	Foster Care and Adoption Specialist:														Na	ıme p	rinte	d:														
SEE INSTRUCTIONS	SEE INSTRUCTIONS AND EXAMPLE ON BACK PAGE														Się	gnatu	re:															
Name of medication															DA	Y OF	THE M	ONTH														
dosage amount	Hr	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
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## Instructions: How to complete the Individual Child Medication Log.

When this form is completed, return it to the specialist and begin a new one. Make a copy for your records.

- u Complete one form for each child in care. More than one medication may be documented on each form.
- u When the month has been completed, send the completed form to your specialist and begin a new form. Make a copy for your records if you wish.
- u 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.
- u 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 medication is prescribed.
- u 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.

Name of medication	DAY OF THE MONTH  Hr.   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															AY OF	THE	MONT														
dosage amount	Hr	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 ONLY																																
Ritalin 10 mg.	7am	St	St	St	St	St	St	St	St	St	St	St	St	St	St	St	St	St														
	12pm	St	St	St	St	St	St	St	St	St	St	St	St	St	St	£t_	St	St														
	4pm	St	St	St	St	St	St	St	St	St	St	St	St	St	St	St	St	St														
Clonidine 0.1 mg	7pm	St	St	St	St	St	St	St	St	St	St	St	St	St	St	St	St	St														
Amoxicillin 500 mg 3 X daily	7am													St	St	St	St	St	St	St	St	St	St									
	2pm													St	St	St	St	St	St	St	St	St	St									
	9pm													St	St	St	St	St	St	St	St	St	St									