

MEDICATION LOG

Month: _____ Year _____ Child: _____

Primary Parent to Administer: _____ Initials _____ Backup Parent to Adm. _____ Initials _____

*Please initial in each box at each time given.

Name of Medication & Dosage	Time given	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	

FC Worker's Monitoring Signature during Home Visit _____ Date of Home Visit _____

Signature at end of Month: _____ Date _____

MEDICATION LOG

Month _____ Year _____ Child _____

DATE	LIST OF MEDICAL COMPLAINTS (Expressed by Child in Foster Care)	RESPONSE TO MEDICAL COMPLAINTS	DATE	Initials

Signature at end of Month _____ Date _____