|  |  |
| --- | --- |
| Administered | Initial & time |
| Missed/ refused | M |
| Changed | C |
| Other caregiver | O |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication Name: | | | Dosage: | | | | # of pills given: | | Route Given: | | Purpose: | | | |  | |
| 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 |  |

Prescription medication- The administrator initials the box and records the time (indicating am or pm) under the appropriate day of the month for each dose given that day. If a dosage is changed by a child’s physician, missed, refused, or given by an administrator that is not the foster parents or a substitute caregiver listed on the Licensed and Approved Family Foster Home Survey Instrument please mark the log appropriately.

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| Medication Name: | | | Dosage: | | | | # of pills given: | | Route Given: | | Purpose: | | | |  | |
| 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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| Medication Name: | | | Dosage: | | | | # of pills given: | | Route Given: | | Purpose: | | | |  | |
| 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 |  |

Over the Counter or other PRN Medications

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| --- | --- | --- | --- | --- | --- | --- |
| Date: | Time: | Medication: | Dosage: | Route given: | Purpose: | Signature: |
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Changes in behavior or adverse reactions

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| --- | --- | --- | --- | --- | --- | --- |
| Date: | Time: | Medication: | Dosage: | Route Given: | Purpose: | Comments: |
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Missed medication, changed by physician or administered away from the home

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| --- | --- | --- | --- | --- |
| Date: | Time: | Medication: | Comments: | Signature: |
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Each administrator must sign and initial

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Administrators: | Initials: | Signature of Administrators: | Initials: |
|  |  |  |  |
|  |  |  |  |
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