

# ADMISSION MEDICAL EXAMINATION

Child's name: \_\_\_\_\_ Date of visit: \_\_\_\_\_

Foster parents: \_\_\_\_\_

Physician: \_\_\_\_\_ Dr.'s Phone number: \_\_\_\_\_

Address of office: \_\_\_\_\_

Date recommended of next or follow-up visit: \_\_\_\_\_

Assessment of the child's general health: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Results of examination for physical injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Results of examination for disease: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Results of vision screening: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Results of hearing screening: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunization needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## COLORADO FAMILY SERVICES, INC.

7220 W. Jefferson Avenue, Suite #450, Lakewood, Colorado 80235  
Phone: 303.935.3199 • Fax: 303/935-3181 • E-mail: ColoFamilyServices@gmail.com

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## APPROVED OVER THE COUNTER MEDICATION

Foster parents cannot give a foster child over-the-counter medication unless first authorized to do so by the child's physician. Please check off the over-the-counter medicines below that you authorize the foster parent to provide the child.

### Allergy

- Benadryl
- Sudafed
- Actifed
- Claritin
- Other \_\_\_\_\_

### Antacids

- Gas-Z
- Maalox
- Maylanta
- Tums
- Pepcid AC
- Prilosec OTC
- Tagamet HB
- Zantac 75
- Other \_\_\_\_\_

### Anti-Diarrheal

- Pepto Bismal
- Immodium AD
- Other \_\_\_\_\_

### Anti-Itch Creams

- Bactine
- Caldecort
- Cortaid
- Hydrocortisone
- Lanacort
- Calamine lotion
- Benadryl cream
- Caladryl
- Other \_\_\_\_\_

### Cold/Flu

- Robitussin
- Vicks vapor rub
- Desym
- Chloraseptic
- Thera-Flu
- Triaminic
- Other \_\_\_\_\_

### Cuts/Scrapes/Burns

- Aloe Vera
- Solarcaine
- Lanacane
- Other \_\_\_\_\_

### Laxatives

- Ex-lax
- Kaopectate
- Other \_\_\_\_\_

### Motion Sickness

- Dramamine
- Marizine
- Other \_\_\_\_\_

### Pain Relievers

- Aspirin
- Ibuprofen
- Acetaminophen
- Naproxen
- Other \_\_\_\_\_

### For Infants

- Baby Tylenol
- Orajel
- Balmax
- Desitin
- Antibiotic Ointment
- Pedialite
- Other \_\_\_\_\_

\_\_\_\_\_  
Physician's signature

**NOTE TO FOSTER PARENTS: Use this form for your foster child's first doctor's visit. This visit should take place within 2 weeks of placement in your home.**

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