

MEDICATION LOG

Child's name _____ Month/year _____

Note: Record all medications or treatments given to foster children including prescription and non-prescription drugs, vitamins, food prescribed by a doctor and ointments. This needs to be filled out every month and returned to our office by the 5th of the month following the month. If your foster child takes medication, vitamins, food prescribed by a doctor or ointments more than two per day use another sheet. Do not use ditto marks or arrows. Record the precise time that the medication or treatment was given. **Turns this form in with your monthly reports whether the child takes medications or not.**

The child did not take any prescription or non-prescription drugs this month.

Include all medications including the dosage and number of times per day prescribed by the doctor.

Date	Medication/Dosage or Treatment	Time of Day Given	Given By	Medication/Dosage or Treatment	Time of Day Given	Given By
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COLORADO FAMILY SERVICES

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Revised: August 18, 2005

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