

# MEDICATION LOG

Child's Name: \_\_\_\_\_

Month and Year: \_\_\_\_\_

Please place your initials in the box corresponding with the date and time the medication was given to the foster child.

**Example:**

Medication	Time	Dose	1	2	3	4
			Adderall XR 15 mg	AM	1 Capsule	JD
Zyrtec 1 mg	AM	1/2 Teaspoon	JD	JD	MS	JD
	4 PM		JD	JD	MS	JD
	Bedtime		JD	JD	MS	JD

Signature and Title: _____ Initials: <u>JD</u>	Jane Doe _____ F.P. _____
Signature and Title: _____ Initials: <u>MS</u>	Manny Smith _____ R _____

Medication	Time	Dose	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		

Signature and Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Signature and Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Signature and Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Signature and Title: \_\_\_\_\_ Initials: \_\_\_\_\_