

**MEDICATION ADMINISTRATION LOG**

For the Month of: \_\_\_\_\_ Year: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Physician ordering medication: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Dose: \_\_\_\_\_ # of Times Given per day \_\_\_\_\_

| Time Medication was given during the day | DAYS WITHIN THE MONTH |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
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|  | 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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Physician ordering medication: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Dose: \_\_\_\_\_ # of Times Given per day \_\_\_\_\_

| Time Medication was given during the day | DAYS WITHIN THE MONTH |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |
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|  | 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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Signature of person administering medication \_\_\_\_\_ Initials \_\_\_\_\_

Signature of person administering medication \_\_\_\_\_ Initials \_\_\_\_\_

## INSTRUCTIONS

Foster parents who are caring for a child for whom the Department is responsible are required by Rule 402 to keep a log of all medications that are given to the child. Psychotropic medications as well as prescription and non-prescription medications for medical conditions should be included on this form. The foster parent is expected to complete this log on a daily basis and submit a copy of it to their caseworker once a month.

1. Each medication the child is given should be displayed on a separate chart. This is to include all over-the-counter medications such as aspirin, anti-nausea or anti-diarrhea medications.
2. The person administering the medication must initial in the appropriate box each time that any medication is given to the child.
3. If a dosage is missed, leave the box on the chart blank and complete the information requested below.
4. If a medication is started or finished during the month, draw a line through the days before and/or after.
5. The person(s) administering the medication is to sign and initial the form.
6. List dates of all appointments for medication, including unscheduled and cancelled visits, below.

### MISSED DOSAGES (Give date, name of medication and reason)

|      |                               |      |                               |
|------|-------------------------------|------|-------------------------------|
| DATE | NAME OF MEDICATION AND REASON | DATE | NAME OF MEDICATION AND REASON |
|------|-------------------------------|------|-------------------------------|

|      |                               |      |                               |
|------|-------------------------------|------|-------------------------------|
| DATE | NAME OF MEDICATION AND REASON | DATE | NAME OF MEDICATION AND REASON |
|------|-------------------------------|------|-------------------------------|

### APPOINTMENTS (Indicate if any were unscheduled or cancelled):

|      |                                      |                                    |                                      |                                    |
|------|--------------------------------------|------------------------------------|--------------------------------------|------------------------------------|
| Date | <input type="checkbox"/> Unscheduled | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Unscheduled | <input type="checkbox"/> Cancelled |
|------|--------------------------------------|------------------------------------|--------------------------------------|------------------------------------|

|      |                                      |                                    |                                      |                                    |
|------|--------------------------------------|------------------------------------|--------------------------------------|------------------------------------|
| Date | <input type="checkbox"/> Unscheduled | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Unscheduled | <input type="checkbox"/> Cancelled |
|------|--------------------------------------|------------------------------------|--------------------------------------|------------------------------------|