Log of Prescription and Non-Prescription Drugs

over age 5

☐ **No Meds Prescribed this month.**

FAMILY LINK

Child: _____

Month & Year: _____

_____
Foster Parent's Signature

Page _____ of _____

Name of Drug: _____ Dosage: _____ 1 Tablet = _____ grams or milligrams (circle one)

Prescribing Doctor's Name: _____ Start Date: _____ End Date: _____

Address: Phone:

Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials
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							

Name of Drug: _____ Dosage: _____ 1 Tablet = _____ grams or milligrams (circle one)

Prescribing Doctor's Name: _____ Start Date: _____ End Date: _____

Address: Phone:

Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials	Day	Exact Time	#/tab-lets	Initials
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							

Log child's refusal/errors in administration by putting an R for refusal or an E for error in the "exact time" box. Then, on the back of the form, give an explanation. **Send in last day of each month.**