

Log of Prescription and Non-Prescription Drugs

under age 5

Child: _____

No Meds Prescribed this month.



Foster Parent's Signature _____

Month & Year: _____

Page _____ of _____

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

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

Address: _____ Phone: _____

Reason for Administering (include specific symptoms, condition, and/or injuries that the caregiver is treating):

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

Reason for Administering (include specific symptoms, condition, and/or injuries that the caregiver is treating):

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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 in last day of each month.