

# 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):

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								
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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.