

Foster Home Individual Child Medication Log



Child's name: _____

Log start date: _____ Log end date: _____

Date of birth: _____

Signature and initials of person(s) dispensing medication: _____

Case ID number: _____ Person ID number: _____

Signature: _____ Initials: _____

Caseworker: _____

Signature: _____ Initials: _____

See examples on reverse side for specific instructions on how to complete the form.

Name of medication dosage amount	Hour am/pm	Day of the month																																		
		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				

As this child's caseworker, I have reviewed this medication log: _____

Date: _____

Instructions: How to complete the CF 1083, "Individual Child Medication Log."

When this form is completed, return it to the caseworker and begin a new one. The yellow copy is for your records.

- Complete one form for each child in care. More than one medication may be documented on each form.
- When the month has been completed, send the completed form to the child's caseworker and begin a new form. Make a copy for your records if you wish.
- Write the name of the prescription medications, the dosage to be taken and the amount of the dosage to be taken in the first column.
- In the "Hour" column, indicate the time of day that the medication is to be taken; include AM or PM. Use one line for each time of day that medication is prescribed.
- The person giving the medication will write their initials beneath the day of the month and across from the time of day that the medication was given. If medication is missed or skipped, please place an "X" in the appropriate box.

Name of medication dosage amount	Hour am/pm	Day of the month																															
		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	
(EXAMPLE ONLY)		(EXAMPLE ONLY)																															
Ritalin 10 mg	7 AM	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	
Ritalin 10 mg	12 PM	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	
Ritalin 10 mg	4 PM	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	X	ST	ST	ST	
Clonidine 0.1 mg	7 PM	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	X	ST	ST	ST	ST	ST	
Amoxicillin 500 mg 3x's daily	7 AM												ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST										
Amoxicillin 500 mg 3x's daily	2 PM												ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST										
Amoxicillin 500 mg 3x's daily	9 PM												ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST										