



DAILY MEDICATION LOG

California/Nevada Foster Care Program

Complete for all prescription medications administered. Initial each time the child is given the medication. Maintain in Child's Home Binder. Reminder:

List the prescription on the Centrally Stored Medication Log.

Child's Name: _____ Foster Parent: _____ Month/Year: _____

	Time/Day	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			
MEDICATION AND STRENGTH:	a.m/p.m																																		
	a.m/p.m																																		
DOSAGE: _____	a.m/p.m																																		
	a.m/p.m																																		

	Time/Day	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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	a.m/p.m																																					

COMMENTS: _____

ALLERGIES: _____

Signature of Foster Parent: _____