



PRN Medication Log
California Foster Care Program

Sierra Nevada Connections

DIRECTIONS: Over the Counter Medications should be logged on this form and returned to child's **Social Worker** or **Record's Manager** each month.

POISON CONTROL MUST BE CONTACTED IMMEDIATELY IF REACTIONS OR SIDE EFFECTS OCCUR~ DIAL 911 IN AN EMERGENCY!

INCIDENT REPORTING: In the event that the child has a reaction or side effect from the medication, you should contact **Poison Control**, your **Sierra Nevada Connections Social Worker**, and the child's **Primary Care Physician**. Your Sierra Nevada Social Worker will file an **Incident Report** within **72 hours**.

FOSTER PARENT:

MONTH/YEAR:

FOSTER CHILD:

AGE:

KNOWN ALLERGIES:

Medication Name/Description	Reason/ Purpose Administered	Dosage; Strength/Quantity	Date/Time Administered	Reaction or Side Effects: If yes, explain action taken and notify as directed above.

Foster Parent Signature

Date

SNC Social Worker Signature

Date