

# MARION COUNTY CHILDREN SERVICES ADVOCATES MONTHLY MEDICATION LOG

YOUTH NAME: \_\_\_\_\_

MONTH / YEAR: \_\_\_\_\_

FOSTER HOME: \_\_\_\_\_

PLACEMENT CASEWORKER: \_\_\_\_\_

Rev: 11-24-04

- \* Note type, dosage and time the medication is dispensed and check the appropriate box.
- \* If dosage is not given, circle the box for that time and date and record the code from the list at the bottom of the page to indicate the reason the dosage was missed.
- \* If child is on Home Visit, mark the sheet AV@, in Respite Care use AR@, in School Care use AS@.
- \* After completing the entire month, turn in the completed sheet(s) \*\* to your Placement Caseworker.
- \*\* Please PROVIDE SEPARATE LOGS to be used on Home Visits, Respite Care (for Camp use same as Respite Care), and School overnight outings.

Medication & Dose Rx Number	Administ. By	Date Time	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				

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| A - Just simply forgot.                         | D - Out of medication.          | G - Sick                       |
| B - Slept through the dosage.                   | E - Out of town/Away from home. | H - Experiencing side effects. |
| C - Didn't have medication with me at the time. | F - Too busy.                   | I - Child refused medication.  |

FOSTER PARENT SIGNATURE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_