**\*\*Medication logs must be completed at the time that the medication is administered, monthly (from the 1st or the date the medication was first administered to the end of the month), one log per prescription and month. Before turning the log into your case manager, make sure that all sections are completed. If you chose to affix the prescription label, make sure that it addresses all required fields as listed on this form. If it does not, handwrite or type the information in on the top section. Foster Parents are responsible for training anyone on the medication and instructions before they can administer medication. You can type in the date and amount in the log section, however the time given must be completed in your own writing. \*\***

Month/Year Child’s Name

Physician’s Name Date First Given this Month: **09/10/2021** Date Last Given This Month **09/30/21**

Name & Strength of the Drug **example Abilify, 15 mg**  Medication Allergies **Must put NKA, if no allergies or list allergies**

Dosage & Frequency **Take 1 tab once a day in AM** Reason for Medication **Must put the reason for the medication. Ex. ADHD, Aggression, Seizures, etc. Do not put reason as Doctor’s Orders**

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| **Person Administering Medication** | **Date** | **Time Given** | **Amount Given (dosage)** |
| **The first line MUST be signed by the person providing the medication. After the first signature, initials can be used. If a different person gives the medication, they must also provide a signature for their first entry.** | **Dates can be typed in for the month or hand written** | **These must be hand written. Must circle AM or PM. Only one medication administration for the day per line.** | **Amount given, or amount applied can be typed or hand written** |
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\*\*If medication is not given as prescribed, please explain circumstance on separate page and attach to log

\*\*Person administering medication must sign name initially and then initials may be used. Additional individuals administering must sign full signature and then use initials.

Printed Name Signature Initials

Printed Name Signature Initials

Printed Name Signature Initials CM Initials

* **\*\* Anyone who gives the child medication through the month must PRINT, SIGN, AND INITIAL the form before giving to case manager**
* **A written explanation is required if a child does not get the medication as prescribed on a separate page.**
* **If the child refuses to take the medication, please mark the section of amount given with an “R”. If the medication dosage is missed, mark the date or time box with an “M”. If medication is missed for any reason, contact CK CM or On Call Case Manager to report immediately.**
* **If the child was at a family visit when the dosage was given, please put “F” in the time section. If the child received medication at school/daycare/camp, mark the date with a “S”. If the child goes to respite, take a copy of your medication log or provide blank one, and make sure you mark that the child was in respite on your original medication log.**
* **FP’s must maintain past med logs in a file for the duration that the child is in the home.**
* **Document any side effects on the child progress notes and notify the prescribing physician and CK case manager within 72 hours. Please immediately report any serious side effects or adverse reactions to the child’s physician and your CK case manager.**