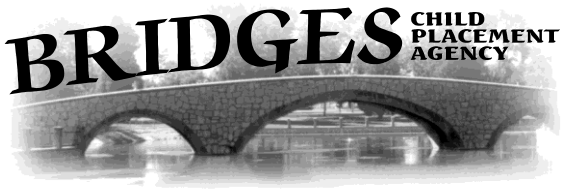

Child's Name: _____

Foster Home: _____

Caseworker: _____

County: _____

For month/year: _____

Medications Log

Please note the time medication was given and record your initials. Submit prescriptions with each log.

Day of Month	Medication Name _____ _____ Dosage_____ Start Date_____ End Date_____						Medication Name _____ _____ Dosage_____ Start Date_____ End Date_____						Medication Name _____ _____ Dosage_____ Start Date_____ End Date_____					
	Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials
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