

Adams County Foster Care
Medication Log

Child's Name: _____

Month/Year: _____

Medication: _____ Dosage: _____

	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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If for any reason the child does not take his medicine, insert one of the following codes instead of your initials:

S Given at school
H On home pass
R Child refused to take meds
O Ran out of meds - explanation for why you ran out must be documented on the back of this form

Foster Parent Signature: _____