RECORD OF ADMINISTERED MEDICATION

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| Child’s Name: | Foster Parent(s) Signatures(s): | Initials: |
| DOB: | DOP: | Initials: |

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| **MONTH** | **DAY** | **YEAR** | **MEDICATION - DOSAGE GIVEN ACCORDING TO AGE** | **Exact Times Given (INITIAL in Connecting Square)** | | | | | | | |
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MUST BE TURNED IN MONTHLY WITH THE PAYMENT VOUCHER WHEN MEDICATION IS TAKEN OR ADDED Updated 10-6-23

Instructions:

Fill out the child’s full name, date of birth, and date of placement.

Foster parent, or whichever adult who administered the medication, must sign legibly and initial on the top right corner.

Make sure each row used is filled out completely.

Make sure the month, day, and year are filled in.

For the medication: Please include the medication name, and dosage (this information can be found on the medication.)

Please include the exact time given, not an approximate time. Do not round up or down. If the time given was 9:55pm, write down 9:55pm; not 10:00pm. Do not forget to include am or pm next to the time given.

In the square next to the time, please provide your initials.

Medication document is required to be submitted monthly with the other voucher documents.