



FOSTER CARE SELECT

Medication Administration Log

Month of: _____

Child's Name: _____

* Document the time and initial the appropriate space each time medication is administered.

Medication	Dosage	1		2		3		4		5		6		7		8	
		Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial

Medication	Dosage	9		10		11		12		13		14		15		16	
		Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial

Signature(s) of person(s) administering medication: _____

** Each set of initials should have a corresponding signature.*

Signature(s) of Case Manager: _____

Medication	Dosage	17		18		19		20		21		22		23		24	
		Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial

Medication	Dosage	25		26		27		28		29		30		31	
		Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial

Signature(s) of person(s) administering medication: _____

- Each set of initials should have a corresponding signature.

Signature(s) of Case Manager : _____