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Foster Child Daily Medication Log

(to be filled out monthly and returned to the family specialist and the end of the month.)

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Month:
Year:

C												
Allergies												
Foster Family												
Family Specialist	Phone # ()											
Doctor's Name												
Medication												
Strength												
Method (tablet, capsule, liquid, etc.)												
Amount												
How Often												
Over the Counter?	yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
	Time of Administration											
Day of the Month	AM		PM		AM		PM		AM		PM	
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Notes: