

Larimer County Department of Human Services
MEDICATION ADMINISTRATION LOG

For the month of: _____ Year: _____ Child's Name: _____

Name of Medication: _____ Dose: _____

Example:	9:20 a JD	<i>Each</i> time any medication is given to the child, document the time and initial in the appropriate box for the day of the month.													
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Signature of person administering medication

Initials

Signature of person administering medication

Initials

Signature of person administering medication

Initials

Signature of person administering medication

Initials

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INSTRUCTIONS

Foster parents who are caring for a child for whom the Department is responsible are required to keep a log of all medications that are given to the child. Psychotropic medications as well as prescription and non-prescription medications for medical conditions should be included on this form as well as vitamins, supplements etc. The foster parent is expected to complete this log on a daily basis and submit a copy of it to their caseworker once a month.

1. Each medication the child is given should be displayed on a separate chart. This is to include all over-the-counter medications such as aspirin, anti-nausea or anti-diarrhea medications, etc.
2. The person administering the medication must document the time and initial in the appropriate box each time that any medication is given to the child.
3. If a dosage is missed, leave the box on the chart blank and complete the information requested below.
4. If a medication is started or finished during the month, draw a line through the days before and/or after.
5. The person(s) administering the medication is to sign and initial the form.
6. Should you have any concerns about a medication error, contact Poison Control at 1-800-222-1222.
7. Unused or expired prescription and over-the-counter medicines should be dropped off at any Good Day Pharmacy for proper hazardous waste disposal. There are ten Good Day Pharmacies in Loveland, Fort Collins, Longmont, Johnstown, Eaton and Wellington that local residents can access to responsibly dispose of their unused prescription and over-the-counter medications.

MISSED DOSAGES (Date, name of medication and reason)

DATE	NAME OF MEDICATION AND REASON	DATE	NAME OF MEDICATION AND REASON
DATE	NAME OF MEDICATION AND REASON	DATE	NAME OF MEDICATION AND REASON

DISPOSAL OF MEDICATION (Date, name of medication and reason)

DATE	NAME OF MEDICATION AND REASON	DATE	NAME OF MEDICATION AND REASON
DATE	NAME OF MEDICATION AND REASON	DATE	NAME OF MEDICATION AND REASON

