

**CHILD MEDICATION LOG**

**Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's height: \_\_\_\_\_ Child's Weight: \_\_\_\_\_

DOB: \_\_\_\_\_

Name and signature of person dispensing medication below:

Foster Care and Adoption Specialist: \_\_\_\_\_

Name printed: \_\_\_\_\_

**SEE INSTRUCTIONS AND EXAMPLE ON BACK PAGE**

Signature: \_\_\_\_\_

Name of medication dosage amount	DAY OF THE MONTH																																						
	Hr	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							

