

MONTH: YEAR:	<b>FOSTERPARENTTRAINING.COM MED LOG</b>											
<b>CHILD'S NAME:</b>												
ALLERGIES:												
<b>FOSTER FAMILY:</b>												
<b>CASEWORKER:</b>							<b>Telephone #:</b>					
DOCTOR NAME												
(OTC? OVER THE COUNTER)	OTC?		OTC?		OTC?		OTC?		OTC?		OTC?	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
<b>MEDICATION:</b>												
STRENGTH:												
Method: (tablet, capsule, liquid, etc.)												
AMOUNT												
HOW OFTEN:												
TIMES OF ADMINISTRATION:	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
DAY & DATE BELOW												
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NOTES:												