



Resource Parent Medication Log

Instructions:

1. When a medication is given, the resource parent will initial the box in Section 1 under the appropriate day of the month. If, for some reason, the medication is not given, a "o" is to be placed in the box in Section 1 under the appropriate day of the month. The reason for not giving the medication will be listed in Section 2.
2. When medication is sent to school to be given, an "S" is placed in the time/date box in Section 1.
3. Meanings: Strength (i.e. 25 mg); Route (i.e. mouth, eye drops, etc); Purpose (i.e. for aggression)
4. Be sure to save all paperwork given to you by the Pharmacy in the child's red book (i.e. administration instructions, possible side effects, etc.).
5. Provide your assigned FSC with a copy of this log during their monthly visit to your home.

Name: _____ **Date of Birth:** _____ **Gender:** _____ **Allergies:** _____

<u>Section 1</u> Example:		Time Given	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
Medication Name & Strength:	Seroquel 50mg	AM	g																														
# of Pills each time:	1																																
When given:	AM-Noon-Bedtime	Noon	g																														
Route Giving:	By mouth																																
Purpose:	Anger/Impulse	Bed	g																														

Section 1:

Month: _____		Time Given	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	
Medication Name & Strength:																																		
# of Pills each time:																																		
When given:																																		
Route Giving:																																		
Purpose:																																		

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Section 2: Over the Counter (OTC) or other PRN medications (medications given only when needed for a specific symptom such as Tylenol for a headache)

- Resource parents must have a medical consent form signed by the parent or legal guardian in order to give the child OTC medications.
- Child’s physician should be contacted if the child is on other prescribed medications.

Date	Medication	Strength	Amount	Reason	Result	Signature

Section 3: Record any changes in the child’s behavior as a response to the medication. Please also note any adverse reactions.

Date	Medication	Strength	Amount	Reason	Result	Signature

Section 4: Please enter a specific reason/explanation as to why a prescribed medication was not given as directed.

Date	Time	Initials	Medication	Remarks

Section 5: Discontinued, contaminated, or out dated medications to be destroyed

- Must have two signatures (can be both resource parents) and can be destroyed by crushing or dissolving the solid medications in liquid and adding that liquid to an undesirable substance (coffee grounds, kitty litter). Put the paste in a *non-see-through* container and throw the container in the trash. For liquid medications, add the liquid to the undesirable substance and throw the paste away in a *non-see-through* container.
- If the medication is a controlled substance such as Ritalin, Concerta, Adderal, Focalin, etc., it must be destroyed by a resource parent and a case worker in the same method as above.

Date	Time	Initials	Medication	Remarks