**Foster Carer’s Log Sheet of Medication/Medical Treatment for**

**Child/Young Person in Foster Care**

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| This sheet to be used with any medication (prescribed or over the counter) or any ongoing medical intervention required by the child/young person while in foster care |

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| Name of Foster Carer | | | |  | | | | | | | | | | |
| Name of Child/Young Person | | | |  | | | | | | D.O.B | | |  | |
| Presented or diagnosed condition | | | |  | | | | | | | | | | |
| Is medication prescribed by G.P | | | | □ yes □ no | | | | | | | | | | |
| Medication/Treatment | |  | | | | | | Dosage | | |  | | | |
| Medication/Treatment | |  | | | | | | Dosage | | |  | | | |
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| Date | Medication Name | | Time | | Time | Time | Time | | Time | | | Time | | Time |
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**Foster Carer’s Log Sheet of Medication/Medical Treatment for**

**Child/Young Person in Foster Care**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Medication Name | Time | Time | Time | Time | Time | Time | Time |
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