**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 |  |
|  |
| 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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