



# ANCHOR FAMILY SERVICES, INC

A CHILD PLACING AGENCY

Child's Name:

Month:

Year:

## PRESCRIPTION/NON-PRESCRIPTION MEDICATION LOG

Medication Name:

Dosage:

Reason for Medication:

Time/Frequency To Give:

Prescribing Doctor's Name & Phone:

Scheduled Time		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	
	Initial																																
	Exact time																																
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NOTE: Log child's refusal/errors in administration by putting an R for refusal or an E for error in the "exact time" box. Then, on the back of the form, give an explanation. You must initial, not simply check, the appropriate space each time you give medication and your signature is required in the space provided.

Name of person administering medication:		Date
Signature of person administering medication:		Date
Signature of Casemanager that reviewed log:		Date

**MEDICATION CHANGES OR ADDITIONS THAT HAVE TAKEN PLACE THIS MONTH (SEE PAGE 2)**

MEDICATION CHANGES OR ADDITIONS THAT HAVE TAKEN PLACE THIS MONTH

Please list medications that were added:

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_ Date started: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_ Date started: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_ Date started: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_ Date started: \_\_\_\_\_

Please list medication that were discontinued:

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_ Date started: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_ Date started: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_ Date started: \_\_\_\_\_

If any medication was prescribed but not given, please list reason below:

1. Name of Medication:
2. Why was it not given?
3. Did you contact the doctor:  Yes  No
4. Did the doctor change medication orders after you informed them of the inability to not give prescribed medication?  Yes  No
5. Do you have the documentation from the doctor's office showing the change?  yes  no  
If no, why? \_\_\_\_\_

If medication was not able to be filled on the date prescribed, please explain here: \_\_\_\_\_

\_\_\_\_\_