



DIRECTIONS: Over the Counter Medications should be logged on this form and returned to child's **Social Worker** or **Record's Manager** each month.

POISON CONTROL MUST BE CONTACTED IMMEDIATELY IF REACTIONS OR SIDE EFFECTS OCCUR~ DIAL 911 IN AN EMERGENCY!

INCIDENT REPORTING: In the event that the child has a reaction or side effect from the medication, you should contact **Poison Control**, your **Mountain Circle Social Worker**, and the child's **Primary Care Physician**. Your Mountain Circle Social Worker will file an **Incident Report** within **72 hours**.

FOSTER PARENT:

MONTH/YEAR:

FOSTER CHILD:

AGE:

KNOWN ALLERGIES:

| Medication Name/Description | Reason/ Purpose Administered | Dosage; Strength/Quantity | Date/Time Administered | Reaction or Side Effects: If yes, explain action taken and notify as directed above. |
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➤ _____
 Foster Parent Signature

 Date

➤ _____
 Mountain Circle Social Worker Signature

 Date