



# Red Mountain Family Services, Inc.

♦ PO Box 67197 ♦ Albuquerque, N.M. ♦ 87193-7197 ♦ phone 505.994.0364 fax 505.994.0384

## Medication Form For School Administration (To be used with RMFS Treatment Foster Children)

Name of Treatment Foster Child:

Date of Birth:

Month and year for medication administration:

School Name:

Name of Person at school giving the medications(s):

**Medication:** \_\_\_\_\_ **Generic Name:** \_\_\_\_\_

**Mg. of Tabs/Caps:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Date Filled:** \_\_\_\_\_ **Doctor's Name:** \_\_\_\_\_

**Reason for Medication**

**Prescription#**

T	#	1	2	3	4	5	6	7	8	9	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	3	3	
i											0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1
m																																
e																																

Date the treatment foster parent talks to school staff about change in medication (include who they talked to; how many pills they gave the school staff etc.):

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Signature and date of Red Mountain Family Services, Inc. Treatment Foster Parent who reviewed this form:

X \_\_\_\_\_

Signature and date of Red Mountain Family Services, Inc. Staff who reviewed this form:

X \_\_\_\_\_

Updated: 6/24/15 CCT *final*