

Over the Counter Medication Log

This log is due to the Treatment Coordinator at the end of every month

Client: _____

Month/Year: _____

Allergies: _____

Date:	TFP Initials:	Name of Medication Given:	Reason Medication Was Given

TFC Parent Signature

TFP Initials

TFC Parent Signature

TFP Initials

TFC Parent Signature

TFP Initials

Please list OTC products taken Daily on the Back of this form. i.e. Multivitamins, Miralax, Iron Supplements, Allergy Meds etc

Treatment Coordinator Initials Date

List all Over-the-Counter products administered daily to placement. Example: Multivitamins, Mira Lax, Iron Supplements, Allergy Medication, etc. Please list time of the day given (AM only, AM and PM, PM only) and dosage.

Also please make note of any dosage changes, start and stop dates (if not given the entire month), or any other pertinent information.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please Note: This log is due to the Treatment Coordinator, same as the MAR got, at the end of every month.