**Children & Families, Fostering Service**

**Medication Administration Record**

**Foster carers should sign to confirm that each medication has been administered. If a medication is not given then this should be recorded using the key at the bottom of this form.**

**Foster carers should not leave any gaps in this record as this may imply that medications have not been given.**

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| **Name of Young Person:** | **DOB:** | | **Allergies:** | |
| **Address:** | | **Foster Carer:** | | **GP:**  Click here to enter text. |

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| **Medication** | **Dosage** | **Date**  **Time** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Medication** | **Dosage** | **Date**  **Time** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Medication** | **Dosage** | **Date**  **Time** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**A = refused B = Nausea or Vomiting C = Hospitalised D = Social Leave E = Refused and Destroyed**

**F = Other (Define) ………………………………………………….**