**Form A – Record of Medication Administered by Foster Carer**



**Initials of Child …………………………………….**

**Foster Carer ………………………………………………**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Name of Medication and Method of Administration** | **Dose given** | **Side Effects**  **(if any)** | **Errors in Administration/Refusals to take** | **Signature of carer** | **Print Name** |
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