BUCKNER® CHILDREN AND FAMILY SERVICES
Hope shines here.℠

PRN PSYCHOTROPIC MEDICATION LOG

RIO GRANDE CHILDREN'S HOME
A MINISTRY OF BUCKNER
Hope shines here.

Name		Month	Year
Sex	DOB	DOA	
Allergies			
Physician Name	Phone Number		

Medication Name / Generic Name	Reason for Administration of Medication
Orders (Dosage information)	

Administered By (Initials of FP/Caregivers)	date	time	am/ pm	Medication	Dosage given	Reason, including specific symptoms, condition, and/or injuries

PRINTED NAME SIGNATURE INITALS

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Administered By (Initials of FP/Caregivers)	date	time	am/ pm	Medication	Dosage given	Reason, including specific symptoms, condition, and/or injuries

*__FOSTER PARENTS/BCFS STAFF__: *Please complete the following section.* ***__It cannot be left blank.__***
Briefly note any positive and/or negative changes in child's behavior in response to this medication. If child Is maintaining or there are no noticeable changes, please indicate that with an appropriate statement below.

____

During this month, I have noted the following changes in child's behavior in response to this medication:

____
____
____
____

PRINTED NAME	SIGNATURE	INITALS
PRINTED NAME	SIGNATURE	INITALS