

Children's HOPE

Making a Difference!

COMPLETE AND SUBMIT
EVERY MONTH

Client: _____ DOB: _____ Placement Date: _____

Resource Parent(s): _____ Month: _____ Year: _____

WEIGHT AND MEDICATION

WEIGHT

Date:	Weight:	Comments:
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MEDICATION

List ALL medications and health supplements (vitamins, minerals, herbs, etc) stored for the client, even if they are not administered.

Client does not have any medications or health supplements.

Medication/Supplement	Strength	Qty	Date Filled	Expiration Date	# of Refills	Prescribing Physician and Phone Number	Pharmacy	Prescription #	*Psych	**Given this month

*Check if this a psychotropic medication. Psychotropic medications include antidepressants, mood stabilizers, sedatives, antipsychotics, medications for dementia, psychostimulants and anti-anxiety agents. Sometimes psychotropic medications are prescribed for other reasons, like headaches or insomnia.

**Check if medication/supplement will be given this month. If checked, fill out a Medication Administration Record (MAR) at the time each dose of medication/supplement is given. Provide a copy of MAR to Children's Hope.

DESTROYED MEDICATION RECORD

Prescription medications which are not to be retained shall be destroyed by the representative and one other adult who is not a client.

Medication	Strength	Quantity Destroyed	Pharmacy	Prescription #	Disposal Date	Signature of Representative	Signature of Witness

ASW:	For all <u>prescription</u> medications, does the current quantity reflect what's documented in the MAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	For all <u>prescription</u> medications, is the current quantity adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial and date here after review
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