



FOSTER HOME INDIVIDUAL YOUTH MEDICATION LOG

State of Oregon
OREGON YOUTH AUTHORITY

Foster Care Certifier Name: _____

Parole/Probation Officer Name: _____

Youth Name: _____ JJIS # : _____ Log Start Date: _____ Log End Date: _____

Name & initials of person dispensing medication (please print): _____ Signature: **X** _____

Name of Medication:	Dosage & Frequency:	Prescribing Physician:
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Purpose:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Name of Medication:	Dosage & Frequency:	Prescribing Physician:
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Name of Medication:	Dosage & Frequency:	Prescribing Physician:
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Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Instructions – How to complete the YA 3105, Individual Youth Medication Log:

- 1) Complete one form for each youth in care; more than one medication may be documented on each form.
- 2) Write the name of the medication, dosage and the frequency to be taken and prescribing physician in the 1st row;
- 3) Indicate the purpose of the medication in the 2nd row. This information should be obtained from the prescribing physician.
- 4) In the 'Hour' column, indicate the time of day that the medication is to be taken, include AM or PM, use one line for each time of day that medication is prescribed;
- 5) The person giving the medication writes their initials under the day of the month and time of day the medication was given. If medication is not given, use the key below to designate the reason and provide a note explaining reason.
- 6) Note on the chart when a medication has been discontinued.
- 7) At the end of the month, send Foster Care Certifier the completed signed form, retain a copy for your records, and begin a new form.

Name of Medication: Prednisone														Dosage & Frequency: 2x daily/5mg for 14 days							Prescribing Physician: Dr. David Bell										
Purpose: Reduce inflammation in joints																															
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
7am	ST																														
6pm	ST																														
Name of Medication: Metadate														Dosage & Frequency: 1xdaily/30mg							Prescribing Physician: Dr. Shelia Davis										
Purpose: ADHD																															
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
7am															ST	ST	U	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	M	ST	ST

Prednisone
Note that medication was discontinued after the 14th as prescribed by the physician

Metadate
17th – Give reason for unavailable medication.
28th – Give reason youth missed dosage.

Medication Administration Key
M = Missed
R = Refused by youth
U = Unavailable
O = Other