## BCCYS MEDICAL FOSTER CARE SERVICES ACTIVITY LOG

ONTH/YEAR:																															
CHILD'S NAM										ACC	ESS#	:								MEDI	CAL L	EVEL:						_			
FOSTER FAM			& ADD	RESS	:																										
CASEWORKE	R: _																														
	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
ADMINISTER																															l
MEDICATION																													<u> </u>		ļ
SPECIAL DIET																											<u> </u>				<b> </b>
GASTROSTOMY FEEDING																															l
ASSIST WITH:																									ļ!		$\bigsqcup$	<u> </u>			
*FEEDING																									ļ		$\vdash \vdash$	<u> </u>			
*BATHING																											$\vdash$	<u> </u>	<u> </u>		
*GROOMING																											$\vdash \vdash \vdash$				
*TOILETING																											$\vdash \vdash$	<del> </del>			
																										$\vdash$	$\vdash \vdash$	<del></del>			
*DRESSING/UNDRE																															l
SSING																															l
*SOCIALIZATION																															
INCONTINENT																															
CARE																															l
TRACHEOSTOMY																															
CARE																															
OXYGEN																															l
ADMINISRATION																											<u> </u>	<u> </u>			<b></b>
NEBULIZER TREATMENTS																															l
ASTHMA CARE																									ļ		$\vdash \vdash$	<u> </u>			
CHEST CARE																										$\vdash$	$\vdash \vdash \vdash$	<del>                                     </del>			
WOUND/SKIN CARE																											$\vdash \vdash \vdash$				
THERAPY:																										$\vdash \vdash \vdash$	$\vdash \vdash$	$\vdash$			
*PHYSICAL																										$\vdash$	$\vdash \vdash$	$\vdash$			
*OCCUPATIONAL																									<del>                                     </del>	$\vdash$	$\vdash \vdash$	<del>                                     </del>			
*SPEECH																															
*VISION																															
*BEHAVIORAL																															
MONITOR:																															
*INAPRORIATE																															
BEHAVIOR																															l
*DIET/FEEDING																															
*REACTION TO																															
MEDICATION																											1 '				ı

 MEDICATION LOG- Page 2 

 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

	L	_	Ů	<u> </u>		Ŭ		Ŭ	L_ ັ				.0		.0			.0		20	-	-								- 00	٠.
MONITOR:																															
*BLOOD SUGAR																															
*PHYSICAL GROWTH																															
*DEELOPMENTAL																															
GROWTH																															
*FOR																															
INFECTIONS/COLDS/A																															
LLERGIES																															
*TEMPERATURE																															
*SEIZURE ACTIVITY																															
*OTHER																															T
*OTHER																															1
COMMUNICATION																															T
BOARD																															
SIGN LANGUAGE																															T
EQUIPMENT:																															T
*APNEA/CARDIAC																															
MONITOR																															
*VENTILATOR/HUMIDIF																															
IER																															
*NEBULIZER/INHALER																															
*SUCTIONING																															
MACHINE																															↓
***************************************																															
*WHEELCHAIR/WALKE R/CANE																															
*MAFO/BRACES																															_
*PULSE OXIMETER																															_
*HOYER LIFT																															_
*FEEDING																															4
EQUIPMENT																															
*OTHER							-	-																							₩
OTHER																															
*OTHER																															┼
OTTLK																															
SPECIALITY/DOCTOR							1	1							1			1								1					+
APPOINTMENT																															
TRAINING									-																						+-
	1	ĺ	ĺ	1	I	1	1	1	1	1	1	1	I	ĺ	I	l	ĺ	I	ĺ	I	l		ı	I	l	I	l	I	1		

FOSTER PARENT SIGNATURE:

## MEDICATION LOG- Page 3 -

MEDICATION																																	
N = Name of medication	MONTH AND YEAR  FAMILY OR PROGRAM NAME																																
D = Dosage of medication																																	
F = Frequency given	N	IONTH	I ANE	) YEA	١R																		F	AMILY	OR PF	ROGRA	M NAN	ΛE					
Q = Start and finish date				1 .	1 .		_			1 .				4.0				4.0		- 10									T 07 T 00 T 00 T 00 T				
	Time	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
N																																<u> </u>	
D																																1	
F																																	
Q																																	
N																																	
D																																	
F																																	
Q																																	
																															$\vdash$	<u> </u>	
N																															$\vdash$		
D																															$\vdash$		
F																															$\vdash$		
Q																															$\vdash$	$\vdash$	
																																$\vdash$	
N																															igwdapprox	—	
D																																—	
																															igsquare	<u> </u>	
F																																<u> </u>	
Q																																<u> </u>	
																																<u> </u>	
N																																<u> </u>	
D																																<u> </u>	
F																																<u> </u>	
Q																																	
N																																	
D	İ																																
F																																	
Q																																	
N																																	
D				1	1					<b>-</b>																							
F																															$\vdash$		
Q																																	
				<del>                                     </del>	<del>                                     </del>					<del>                                     </del>																					$\vdash$	<del></del>	
																															<u> </u>	Ь	