

Monthly Medication Log

| Name | | | | Date | | |
|--------------------|------------|------------|---------------|----------------|--|-----------------------|
| Name of Medication | Date Given | Time Given | Dosage Amount | Location Given | Special Notes (Child refused, Child has a headache, etc) | Initials or Signature |
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| Important Contact Information | |
| CPI Phone Number: 850-488-0500 | Florida Abuse Hotline: 800-962-2873 |
| CHS Phone Number: 850-488-0506 | CHS After Hours: 850-509-3841 |
| On Call Placement: 866-216-0118 | DISC After Hours: Refer to schedule in CRR |
| Non-Emergency Police Line: 850-606-5800 | |

| Transportation Log for Medications during Placement Move | | | | |
|---|-------------|--------------------------|-----------------------|------|
| Name of Medication | Amount Left | Signature of Transporter | Signature of Receiver | Date |
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*** A photo of the monthly medication log needs to be uploaded into FSN monthly ***