Foster Carers are to sight and sign off ANY medications (prescription and non-prescription), topical treatments and vitamins as per the Medication Management Policy and Practice Guidelines.

**Child or Young Person’s name: Date of Birth:**

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| --- | --- | --- | --- | --- | --- | --- |
| Name of Medication | Quantity | Strength  | Date  | Time  | Carers Name | Carer’s Signature |
| E.g. Midazolam | 10 | 5mg | 01/01/2017 | 8am | *S. Smith* | *S. Smith* |
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