Texas Department of
Family and Protective Services

Form K-905-2401
Revised February 2019

# NON-PRESCRIPTION MEDICATION LOG

**Purpose:** Use this form to keep a record of all non-prescription medication administered to a child or youth in DFPS care.

**Directions:** To complete this form, the caseworker fills in the information in the first section. Any person who gives the child or youth a dose of non-prescription medication completes the appropriate line in the second section.

If you have questions, please contact your regional well-being specialist. Refer to the list of well-being specialists on the DFPS intranet.

| CHILD OR YOUTH INFORMATION | |
|---|---|
| Child's or Youth's Name: | Person ID (PID): |
| Allergies (Medication and Food): | |

| MEDICATION LOG | | | | |
|---|---|---|---|---|
| Date | Time | Medication | Amount Given | Person Responsible |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |