

Child's Name _____ Client # _____

**GATEWAY/ALLIANCE
MEDICATION LOG**

Month/Year

Medication/Dosage/Frequency	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		
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Notes:

F & C S's Signature

Foster Parent's Signature