

Medicine Cabinet Inventory Log

Child Name: _____ **DOB:** _____ **Dependency Care Manager:** _____

Placement Name	Date of Admission	Medication Name & Dosage	Total Pills In Bottle	Respite Y - N	Signature & Date of Transporter	Signature & Date of Caregiver

This form must be maintained in the child's blue book and should be completed for all movements including respites.