

BREVARD | ORANGE | OSCEOLA | SEMINOLE

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Date	Time (include a.m./p.m.)	Medication	Dosage	Initials	Refusal of Medication (need two	Side Effects or Adverse Reactions:	Response to Medical Complaints	Pill Count at End of Day
					initials)	Y/N		
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Current Prescription	Medications
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Child's Name:	Placement Name:

Medication	Dosage (mg) and Directions	Prescribing Physician/ARNP	Prescription Begin Date	Prescription End Date	Date of Informed Consent/Court Order

Caregivers in Orange, Osceola and Seminole counties should upload the medication logs to the <u>caregiver portal</u>. Caregivers in Brevard County should email them to <u>BHS@familyallies.org</u>.

Tri-county caregivers who cannot access the portal or have difficulties uploading the forms should email them to their assigned case manager.

