



KARING 4 KIDS FOSTER FAMILY AGENCY

Hanford Lic# 167 207 187

Fresno Lic# 107 207 200

****Official****

If foster child does not take any over the counter meds within the month, please fill out N/A.

<u>Over-counter Medication</u>					
Date:	Time:	Medication:	Reason:	Dosage:	Initial:

Childs Name: _____