

Foster Carer Recording Sheet.

Week Ending: -
Social Worker: -

Child's Name: -

D.O.B: -

Carers Name: -

FPSW: -

1. Day to day care arrangements: -

2. Measures of control, restraint or discipline used.

Date/Time/Location	Behaviour leading to use of measure	Description of measure	Who used measure who was present	Consequence & Effectiveness

3. Medication, Medical Treatment & First Aid.

Date	Medical Issue	Details	Outcome

4. Record of prescribed medication administered: -

Medication Prescribed: -

Dosage: -

Reason: -

Date & Time	Amount given	Amount left

Date medication due to be completed: -