

**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.**

<b>Date/Time/Location</b>	<b>Behaviour leading to use of measure</b>	<b>Description of measure</b>	<b>Who used measure who was present</b>	<b>Consequence &amp; Effectiveness</b>

**3. Medication, Medical Treatment & First Aid.**

<b>Date</b>	<b>Medical Issue</b>	<b>Details</b>	<b>Outcome</b>

**4. Record of prescribed medication administered: -**

**Medication Prescribed: -**

**Dosage: -**

**Reason: -**

Date & Time	Amount given	Amount left

**Date medication due to be completed: -**