



Client:	Placement Date:
Signature (age 13+): _____	Departure Date:
Social Worker:	Phone #: () -
Foster Parent(s):	Phone #: () -

Pants:	Jacket (heavy):	Shoes:	Blouses:
Shorts:	Jacket (light):	Tennis shoes:	Skirts:
Shirts:	Raincoat:	Boots:	Dresses:
Pajamas:	Sweatshirts:	Sandals:	Bras:
Socks:	Sweaters:	Other:	Special Items:
Underwear:	Hats:		
	Gloves:		

MEDICATION: Check prescription and non-prescription medication, dose and directions. Check referral information for medication to ensure that it matches. Alert social worker and case manager if it does not. Write down name(s) of medication per label and the directions on your medication log. Count medication and write down the quantity of medication arriving with child (#pills, capsules, tubes, etc).

#1	#2	#3
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Name of medication: Name of medication: Name of medication:

Dose:	Dose:	Dose:
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#Pills / capsules / tubes: #Pills / capsules / tubes: #Pills / capsules / tubes :

#4	#5	#6
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Name of medication: Name of medication: Name of medication:

Dose:	Dose:	Dose:
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#Pills / capsules / tubes: #Pills / capsules / tubes: #Pills / capsules / tubes: