**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s Medications**

Use this chart to help you keep track of your child’s medication. Under name list write the name that is on the bottle. Under dosage write how many mg are taken each time your child takes the medication. Under when is it taken write morning, before bed, afternoon, etc. Under how often is it taken write once a day, twice a day, etc. Under side effect experience keep record of any side effects that your child experiences while taking the medication. Under notes write down if the medication is effective, the date it is discontinued, and other notes about the medication, such as if it needs to be taken with food. If you have questions about this form ask your doctor to help you complete it.

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| --- | --- | --- | --- | --- | --- |
| **Medication Name** | **Dosage** | **When is It Taken** | **How often is it Taken** | **Side Effects Experienced** | **Notes** |
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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s Medication Compliance**

Make notes here for any days in which your child did not take or refused to take prescribed medication.

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| --- | --- | --- | --- |
| **Date** | **Time** | **Medication Missed** | **Reason for Missed Medication** |
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