

CHILD'S NAME: \_\_\_\_\_

### MEDICATION HISTORY

DATE COMPLETED: \_\_\_\_\_

| NAME OF MEDICATION* | PRESCRIBED BY | PURPOSE OF MEDICATION | DATE BEGAN | DATE ENDED | CAUTIONS | RESPONSE |
|---------------------|---------------|-----------------------|------------|------------|----------|----------|
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\*TIP: Ask your doctor, nurse, or pharmacist for information about this medication.