

### Prescription Medication Explanation

Child Name:		DOB:	Date:
Caregiver Name and Address:			
Prescribing Medical Professional Name and Address: <i>(Please sign at bottom of page)</i>			
Phone:	Medication:		
Dosage:	# Units:	Times per Day:	Duration:
Child's Need for Medication:			
Effect of Medication on Child:			

Medical Professional Signature:

Date: