

# MEDICATION LOG

CHILD AND CONTACT INFORMATION	
Child's Name	Date of Birth
Neurologist's Name	Pharmacy
Phone	Phone
Fax	Fax

EPILEPSY MEDICATIONS							
Name	Start Date	Dosage	Times Given	Route (oral, rectal)	Form (pill, liquid, dissolvable)	End Date	Side Effects

EMERGENCY MEDICATIONS							
Name	Start Date	Dosage	Times Given	Route (oral, rectal)	Form (pill, liquid, dissolvable)	End Date	Side Effects

# MEDICATION LOG (CONTINUED)

OTHER MEDICATIONS							
Name	Start Date	Dosage	Times Given	Route (oral, rectal)	Form (pill, liquid, dissolvable)	End Date	Side Effects

OVER-THE-COUNTER/VITAMINS AND HERBALS							
Name	Start Date	Dosage	Times Given	Route (oral, rectal)	Form (pill, liquid, dissolvable)	End Date	Side Effects