Pediatric Clinic
PATIENT VISIT DOCUMENTATION

MEDICATIONS NEEDED AT SCHOOL OR DAY CARE

Name of Patient: _____

Diagnosis _____

Medication name: _____ Dosage: _____

When to give medication at school or day care: _____

Possible side effects: _____

Please call 526-7653 if you have any questions. Thank you.

Physician's Signature: _____ Date: _____

Pediatric Clinic
Evans Army Community Hospital
526-7653