

This form was prepared and offered by a family that seeks to share a helpful tool with other families. This form is designed for your personal use to help keep track of your child's important records. If you feel the information is appropriate to share with your child's educational team, then this form may make it easier for you to access or recall the relevant information and data.

Medications, Illness, & Medical Appointments

Illness/Symptoms/Concerns and Dates	Name & Address of Doctor or Facility where Seen/Treated	Medication Prescribed, Dose, Dates, Why Prescribed	Reactions/Side Effects

