

PEDIATRIC MEDICATION SIDE EFFECTS TRACKER

Child's Name: _____

Date of Birth: _____

Medication Name: _____

Dosage/Frequency: _____

DATE & TIME	SIDE EFFECT DESCRIPTION	SEVERITY (1-5)	DURATION	NOTES / RESPONSE TO TREATMENT
----------------------------	------------------------------------	---------------------------	-----------------	--

DATE & TIME	SIDE EFFECT DESCRIPTION	SEVERITY (1-5)	DURATION	NOTES / RESPONSE TO TREATMENT
----------------------------	------------------------------------	---------------------------	-----------------	--

Severity Scale: 1 = Very Mild (Barely noticeable) 3 = Moderate (Affects daily activity) 5 = Severe (Urgent medical attention needed)

Additional Observations/Questions for Doctor: