



Complementary and Alternative Medicine Record Sheet

AFFIX IDENTIFICATION LABEL
or print name and UR number

PARENTS TO COMPLETE THIS FORM:

1. Inform doctors and/or nurses what Complementary and Alternative Medicine (CAM) your child is taking
2. Obtain CAM parent handout from staff
3. Sign "CAM Usage statement" with your child's doctor
4. **On this form:**
 - a. Initial, Sign and Print your name below
 - b. List each CAM in a separate box below (listing the ingredients)
 - c. Initial and write the time when you give each dose of CAM to your child
5. Inform the nurse each time you have given the CAM

Parent Name: _____ (print) Signature: _____ Initial: _____

Parent Name: _____ (print) Signature: _____ Initial: _____

					DATE								
Date	Name of CAM		Dose	by mouth/ on skin	Time given								
					Parent initial								
					Time given								
	Parent initial												
	Pharm	Comments		how often	Time given								
					Parent initial								
					DATE								
Date	Name of CAM		Dose	by mouth/ on skin	Time given								
					Parent initial								
					Time given								
	Parent initial												
	Pharm	Comments		how often	Time given								
					Parent initial								
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