

# Medication Tracker

Before you begin treatment, write down the dose your child has been given in the space below.

Each time your child takes an injection as prescribed, cross the box on the corresponding day.

**Put this tracker somewhere  
you won't miss it –  
like on your fridge or pinboard**

Child's name: \_\_\_\_\_

Dose of growth hormone  
per injection: \_\_\_\_\_

Injection schedule:  
M T W T F S S

Next appointment date:  
\_\_\_\_\_  
\_\_\_\_\_

	M	T	W	T	F	S	S
WEEK 1							
WEEK 2							
WEEK 3							
WEEK 4							
WEEK 5							
WEEK 6							
WEEK 7							
WEEK 8							
WEEK 9							
WEEK 10							
WEEK 11							
WEEK 12							
WEEK 13							
WEEK 14							
WEEK 15							
WEEK 16							

	M	T	W	T	F	S	S
WEEK 17							
WEEK 18							
WEEK 19							
WEEK 20							
WEEK 21							
WEEK 22							
WEEK 23							
WEEK 24							
WEEK 25							
WEEK 26							
WEEK 27							
WEEK 28							
WEEK 29							
WEEK 30							
WEEK 31							
WEEK 32							