



**Hand in Hand**  
3860 Middle Road  
Bettendorf, Iowa 52722  
email us: info@handinhandqc.org  
Phone: (563) 332-8010 Fax: (563) 332-7396

## Medication Profile

Participant's name \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Pharmacy \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

*Parents/Guardians: please list all medications your child is currently taking, regardless of if he/she will be taking them during Hand in Hand programs.*

*If your child does not take any medications, please write NONE on the line below.*

Medication name/Dose: \*      Time(s) given:      Possible side effects:

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***\*Please notify the Director of any changes in the medications or doses listed above.***

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
**Date**

*Hand in Hand is a non-profit organization that assists families with special needs. We exist to expand the capabilities, confidence and quality of life for children and young adults of all abilities by providing programs designed to encourage fun, learning and social interaction in a positive environment.*