

**Time Together Supervised Visitation & Exchange Center
Medical Instruction Form**

This form is to be completed when children need medication and/or special dietary requirements during the visitation process. Please complete as necessary.

Child(ren)'s Name: _____

No Known Medical or Special Dietary Needs

Medical Information

Diagnosis: _____

Medication(s)/Treatment: _____

Dosage: _____

Dosage: _____

Times: _____

Times: _____

Food Allergies & Special Dietary Needs

Food Allergies: _____

For children under the age of two, please list food/snacks that the child is eating:

For supervised visits only, if the child(ren) are bottle-fed, the custodial parent shall provide prepared bottled for the visit.

Responsible Party's Signature _____

Date _____

Additional Information:

Pediatrician's Name: _____ Telephone: _____

Address: _____

Medical Instructions Form

Intake Forms

Form Date: 6-10-2004

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