



Home medication list

Please include all prescription medicatio	ns, herbal products, dietary supplements and over-the-counter medications use	ed.			
Weight:	kg (Date last weighed):				
Name:					
Physician/Phone:					
Pharmacy/Phone:					
	Emergency contacts				
Name:					
Number:					
Allergies and medications that your chi	d cannot take. Why?				
					
Other important health information:					

- 1. Keep your medication card with you at all times.
- 2. Use a pencil so that you can make changes when your medication changes.
- 3. Show your medication card to your doctor at every visit, at the hospital, in the emergency room and to your pharmacist.





Drug (generic name) Dosage form (i.e. tab, liquid) Concentration (if liquid)	Dose (mg, mcg, units, etc., Not volume)	Route	Frequency and preferred time of administration
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