

Allergies and reactions
(include food, drug, latex, environmental)

Other important information

What medications should I include?



Medication Card

Child's Name: _____

Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

- Prescription medicines
- Over-The-Counter medicines
- Vitamins
- Herbal remedies
- Nutrition pills
- Respiratory therapy medicines (such as inhalers)
- Blood factors (such as Factor VIII)
- IV solutions
- IV nutrition
- Patches
- Eye or ear drops
- Creams
- Ointments

**DATE THIS FORM
LAST UPDATED:** _____

Fold here first

Fold here first