
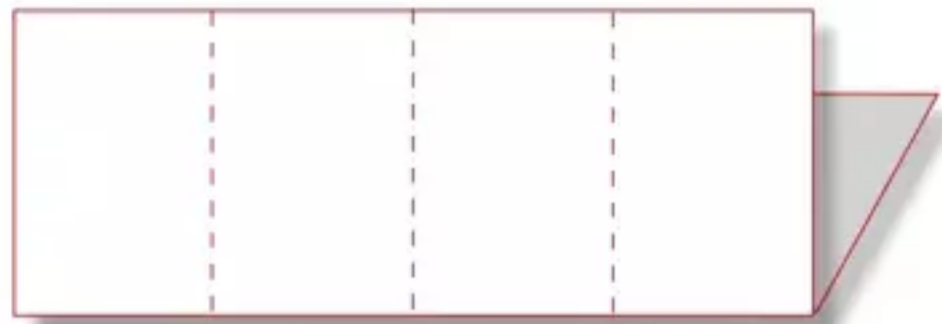


Allergies and reactions <i>(include food, drug, latex, environmental)</i>	Other important information		What medications should I include? <ul style="list-style-type: none"> • Prescription medicines • Over-The-Counter medicines • Vitamins • Herbal remedies • Nutrition pills • Respiratory therapy medicines (such as inhalers) • Blood factors (such as Factor VIII) • IV solutions • IV nutrition • Patches • Eye or ear drops • Creams • Ointments 	 Medication Card Child's Name: _____ Date of Birth: _____ Emergency Contact Name: _____ Emergency Contact Phone: _____
DATE THIS FORM LAST UPDATED: _____				

Fold here first							Fold here first						
Start Date	Drug Name	Strength	Dose (pills, units, puffs, drops)	Route	When does your child take this medicine? How many times a day? Morning & night? After meals?	Reason Why does your child take this medicine?	Start Date	Drug Name	Strength	Dose (pills, units, puffs, drops)	Route	When does your child take this medicine? How many times a day? Morning & night? After meals?	Reason Why does your child take this medicine?
1/11/06	Amoxicillin	50mgs/ml	1 tsp	by mouth	Twice a day with meals	Ear infection							



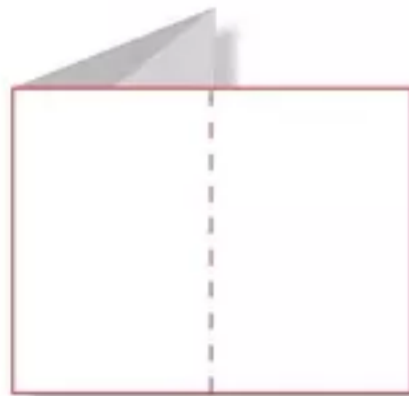
Print Medication card pdf



Step 1 Fold bottom half



Step 2 Fold panel 1



Step 3 Fold panel 2



Step 4 Fold panel 3

2.5" wide x 3.5" high



Step 5 Store in wallet or purse

