



**Home medication list**

Please include all prescription medications, herbal products, dietary supplements and over-the-counter medications used.

Weight: \_\_\_\_\_ kg (Date last weighed): \_\_\_\_\_

Name: \_\_\_\_\_

Physician/Phone: \_\_\_\_\_

Pharmacy/Phone: \_\_\_\_\_

**Emergency contacts**

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Allergies and medications that your child 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.

