

Kids deserve the best.

Medicines

Allergies: _____

Pharmacy: _____

Phone: _____

	Start Date	Medicines	Reason	Dose	How given	Time given	Prescribed By	Notes
	<i>(example) 1/1/12</i>	<i>Yummy stuff</i>	<i>Tummy ache</i>	<i>One 10 mg tablet</i>	<i>By mouth</i>	<i>2 times/day am & pm</i>	<i>Dr. Niceguy</i>	<i>Give with food. (Crush and mix with food).</i>
1								
2								
3								
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9								
10								
11								

Use back side of page to record when and why each medicine was stopped.

Medicines (continued)

	Stop Date	Medicines	Reason	Notes
	<i>(example)</i> 1/1/12	<i>Yummy stuff</i>	<i>Finished the medicine</i>	<i>Call Dr. if symptoms start up again.</i>
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