

Current medicine list

List all medicines, even ones used now and then. Add vitamins, herbs, and store-bought drugs. Copy the current written directions.

Parent's name: _____ Updated _____

Allergies / reaction (or not sure): _____

Pharmacy / phone: _____ Page _____ of _____

1	Medicine name	Strength on the label
	Amount each time	When / how to take it

Why it is taken	Who ordered it	Phone
_____	_____	_____

2	Medicine name	Strength on the label
	Amount each time	When / how to take it

Why it is taken	Who ordered it	Phone
_____	_____	_____

If the label and care plan do not match, ask the pharmacist. Do not change a dose from this sheet. Mark old copies OLD. Keep all current pages together.