

My Child's Medication Information

Date: _____

Name of Drug	Purpose	Dosage	Form (ie liquid, pill)	Urgent Information (ie must be taken with jello)	Storage	Expiry Date

_____ prescribed by Dr. _____ Phone No. _____

_____ prescribed by Dr. _____ Phone No. _____

Date of last blood test was: _____



When starting new medication, why not start a new sheet!