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MEDICATION LIST CARDS

Cut out each card and fold it on the line

MY MEDICATION LIST

NAME | DATE OF BIRTH

ALLERGIES (REACTION)

HEALTH CONDITIONS

EMERGENCY CONTACT AND PHONE | UPDATED ON

DOCTOR AND PHONE | PHARMACY AND PHONE

- - - - - - - - - - - - - - - fold here - - - - - - - - - - - - - - -

Medicine and strength	Dose and how often	For

MY MEDICATION LIST

NAME | DATE OF BIRTH

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EMERGENCY CONTACT AND PHONE | UPDATED ON

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- - - - - - - - - - - - - - - fold here - - - - - - - - - - - - - - -

Medicine and strength	Dose and how often	For

- cut -

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Medicine and strength	Dose and how often	For

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Medicine and strength	Dose and how often	For

Print on card stock at actual size, cut out and fold each card. Replace every copy when a medicine changes; ask your pharmacist to check it.