# MY CHILD'S MEDICATIONS

A simple reference for family and respite caregivers.

**Child's name:** _____ **Updated:** _____

**Allergies:** _____

**TIME:** _____ **AM/PM**

| MEDICATION NAME | DOSE |
|---|---|
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| | |

**TIME:** _____ **AM/PM**

| MEDICATION NAME | DOSE |
|---|---|
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| | |

Include prescribed dose units (such as mg, mL, or tablets).

**TIME:** _____ **AM/PM**

| MEDICATION NAME | DOSE |
|---|---|
| | |
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| | |
| | |

**TIME:** _____ **AM/PM**

| MEDICATION NAME | DOSE |
|---|---|
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Follow the current prescribed plan. Confirm unclear instructions with the care team.



## Care continues at home.

SUPPORT FOR THE DAYS AHEAD.