

# Medication Log

Child's Name:	Date of Birth:
Child's Health Care Provider:	Phone Number:
Child's Behavioral Health Provider:	Phone Number:
Emergency Contact:	Phone Number:
Medical Conditions:	
Known Medication Allergies:	Other Allergies:

**Instructions:** Use this medication log to keep track of the medicine your child takes. Bring this log to your child's health care visits. This information will be useful for your doctor in case there are any problems with the medicine. When medications or doses are changed, do not erase or black out the old information. Instead, draw a line through it and make a new entry to the list. (See below for example). This way you have a complete record.

Medication Name	Dose (How much/ how often? Special instructions?)	Prescribed By	Start Date	End Date	Notes on how the medicine is working or side-effects:
[EXAMPLE] Ritalin	10 mg 2x day (give at breakfast and lunch)	Taylor	2/1/05		

