



National Initiative for Children's Healthcare Quality

Home Medication List

Child's Name
Parent/Guardian Name(s)
Phone
Alt Phone

Emergency Contact Name:
Phone
Other Phone
Email

Health Insurance: Plan & Number

Health Insurance Phone

Primary Care Provider Name:

Phone
Address
Fax

Other Medical Care Provider name:

Phone
Address
Fax

My Allergies / Health Problems

- 1
- 2
- 3
- 4
- 5
- 6
- 7

Instructions:

Cut off shaded area

Fold on the black dotted line

Fold on line of Qs.

Fold on zigzag line

This will form a credit card size document to be held in a wallet and/or put in a backpack

In these charts include all prescriptions, over-the-counter medicines, vitamins and other supplements taken by the patient.

Other information about me:

Medication	Dosage	Frequency	What used for?

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Updated by
Date of update

Updated by
Date of update

Updated by
Date of update

National Initiative for Children's Healthcare Quality
www.nichq.org * 617-301-4900

Cut off