Allergies and reactions
(include food, drug, latex, environmental)

Fold Here

Other important informatiion

DATE THIS FORM LAST UPDATED:_____

Fold Here

What medications should I include?

- Prescription medicines
- Over-The-Counter medicines
- Vitamins
- Herbal remedies
- Nutrition pills
- Respiratory therapy medicines (such as inhalers)
- Blood factors (such as Factor VIII)
- IV solutions
- IV nutrition
- Patches
- Eye or ear drops
- Creams
- Ointments

Fold Here

Banner Health®

Medication Card

Child's Name: _____

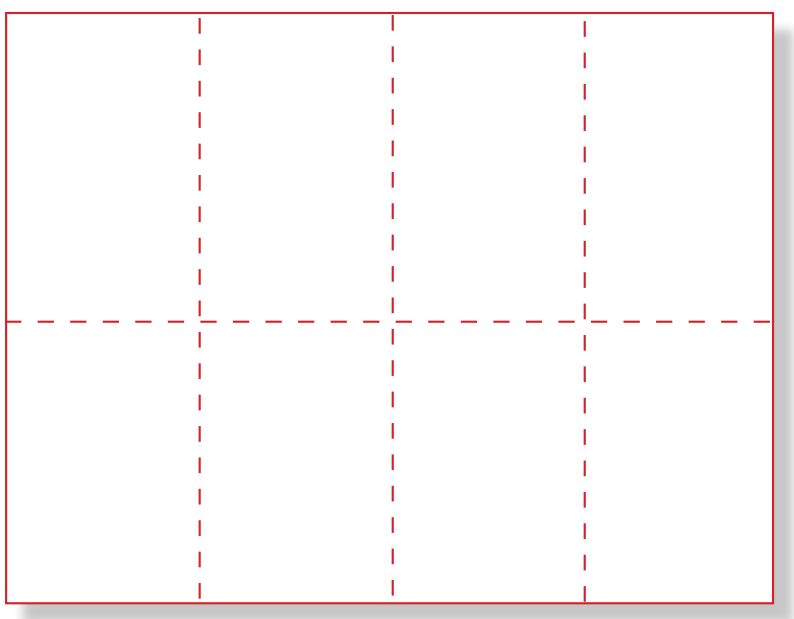
Date of Birth: _____

Emergency Contact Name: _____

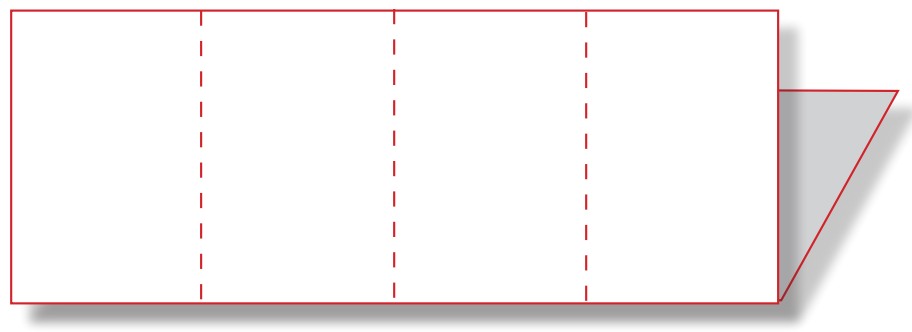
Emergency Contact Phone: _____

Fold here first *Fold here first*

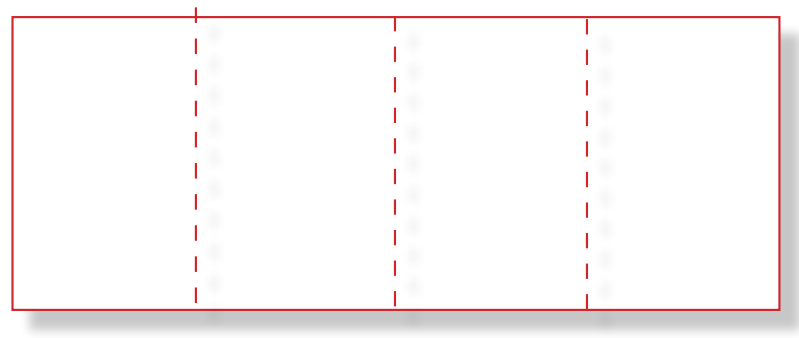
Start Date	Drug Name	Strength	Dose (pills, units, puffs, drops)	Route	When does your child take this medicine? How many times a day? Morning & night? After meals?	Reason Why does your child take this medicine?	Start Date	Drug Name	Strength	Dose (pills, units, puffs, drops)	Route	When does your child take this medicine? How many times a day? Morning & night? After meals?	Reason Why does your child take this medicine?
1/11/06	Amoxicillin	50mgs/ml	1 tsp	by mouth	Twice a day with meals	Ear infection							

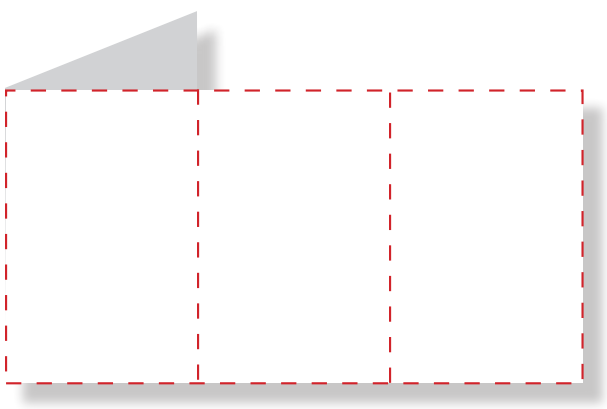


Print Medication card pdf

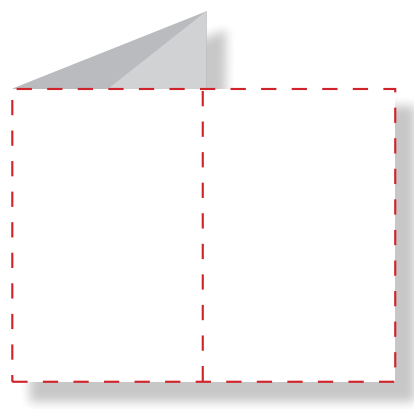


Step 1 Fold bottom half

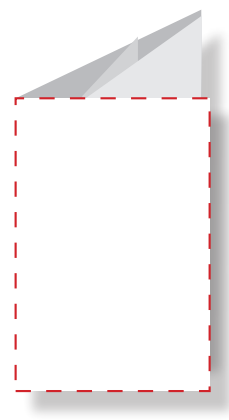




Step 2 Fold panel 1

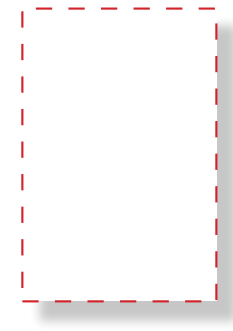


Step 3 Fold panel 2



Step 4 Fold panel 3

2.5"wide x 3.5"high



Step 5 Store in wallet or purse

Banner Thunderbird Medical Center

Medication Card

Banner Health Cardon Children's Medical Center

Medication Card

Banner Health®

Medication Card