



National Initiative for Children's Healthcare Quality

### Home Medication List

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

Primary Care Provider Name:  
Phone  
Address  
Fax

Other Medical Care Provider name:  
Phone  
Address  
Fax

Emergency Contact Name:  
Phone  
Other Phone  
Email

My Allergies / Health Problems  
1  
2  
3  
4  
5  
6  
7

Health Insurance: Plan & Number  
Health Insurance Phone

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.

Medication	Dosage	Frequency	What used for?

Other information about me:

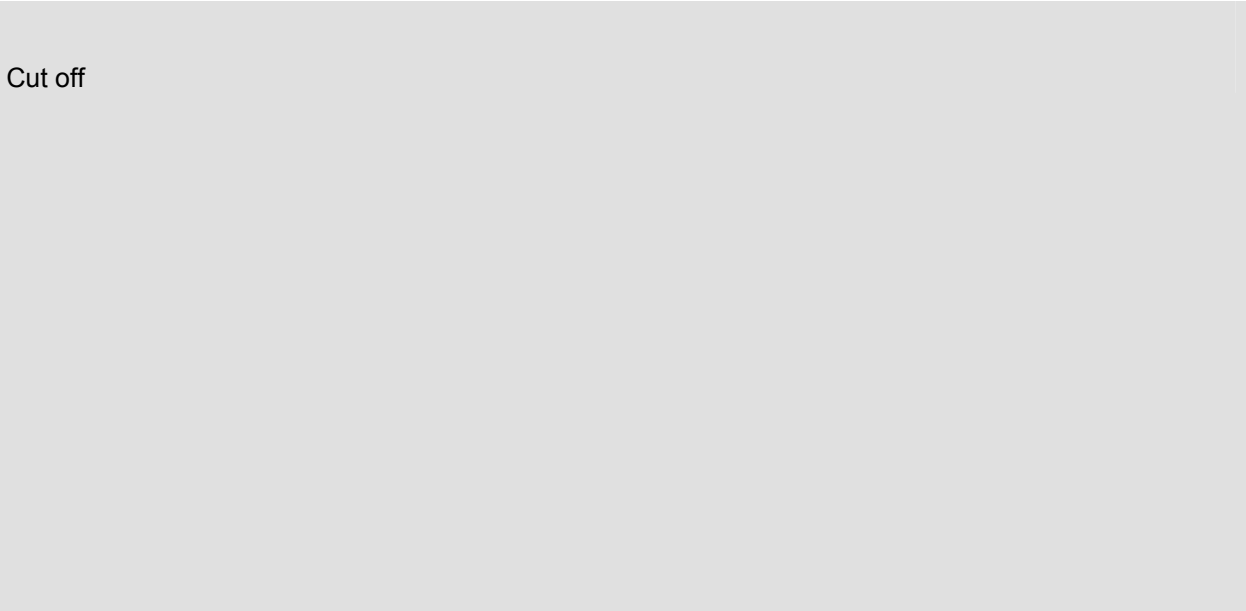
Medication	Dosage	Frequency	What used for?

Updated by  
Date of update

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Date of update

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Date of update

National Initiative for Children's Healthcare Quality  
[www.nichq.org](http://www.nichq.org) \* 617-301-4900



Cut off