



MEDICATION INFORMATION

Please fill in the following regarding your child's health and medication:

Daily / chronic Medication

Brand name:	ML and x per day
Vitamins:	
Fever medication:	
Other:	ml per day and what it is used for:

Is your child allergic to any foods, meds, bee sting, ect.

Any other things we must know to make sure your child is fine during a situation.

Thank you for taking the time to help us.