

HOW TO FILL OUT YOUR CHILD'S WALLET MEDICATION CARD

The Card In Your Wallet That Could Save Your Child's Life!

This wallet medication card was made to help you to remember all of your child's medicines. Giving your doctor, hospital, or other healthcare providers a complete list of medicines helps them take better care of your child.

1. ALWAYS KEEP THIS CARD WITH YOU.

- Complete one form for each child.
- Keep this card in your wallet or consider keeping it with your child's health insurance cards.

2. FILL OUT THE INFORMATION AT THE TOP OF THE FORM.

- Emergency Contact: Write the name and phone number of the person that you would want to be called in case of an emergency involving your child.
- Other important information: List any other information you think a doctor or nurse may need to know to take care of your child. This might include the name and phone number of your child's doctor. Be sure to indicate the date this form was last updated.
- Allergies: List all allergies and reactions your child may have, including allergies to medicines, food, latex or environment.
- What medicines should I include?: Please refer to the attached list of what you should include on this form.

3. FILL OUT THE INFORMATION AT THE BOTTOM OF THE FORM AND BE SURE TO UPDATE THIS FORM AS NEEDED.

- Write down **ALL** medications your child takes or takes as needed.
- Start date: Write the date your child began taking each medicine. If you don't know the date, list the month and year that your child started taking the medicine.
- Drug name and strength (amount): For each medicine, copy the name of the medicine and amount.
- Dose: Write how much of the medicine your child takes each time.
- Route: How does your child take this medicine—by mouth, injection, etc.?
- When does your child take the medicine?: Write how many times a day your child takes the medicine, what time of day and if your child takes the medicine on an empty stomach or with food.
- Reason: Why does your child take this medicine?
- You can get all of the above information from the label on the medicine bottle or packaging.

4. HOW DOES THIS FORM HELP YOU AND YOUR CHILD?

- Reduces confusion and saves time. You do not have to remember all the medicines your child is taking. This form does that for you!
- Improves communication. Provides doctors, nurses and any healthcare providers with a list of **ALL** of your child's medicines.
- Improves Medication safety. Medication interactions and duplications can be detected and corrected.



Be a lifesaver for your child!

NEED ANOTHER FORM?

Visit www.chp.edu <<http://www.chp.edu/>> and enter **Wallet Medication Card** in the search box.