Medication Record

Name:

ID Number:

Birth Date:	Age:	Sex: M F

MEDICATIONS

Medication Name	Dosage	Frequency	Indication	Date Started	Date Completed

SAMPLE
For Review and Reference Only

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

The recommendations in this record do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original record included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this record and in no event shall the AAP be liable for any such changes.

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Medication Record

Name: _____

MEDICATIONS (*continued*)					
Medication Name	**Dosage**	**Frequency**	**Indication**	**Date Started**	**Date Completed**

SAMPLE
For Review and Reference Only

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 4th Edition