

Medication

Please list your child's current medications and dosages below and bring the medications in their original containers to the hospital. Doctors and nurses need to know the exact doses, how often your child takes the medications and when the last doses were given. Include drugs purchased without a prescription, as well as herbs and vitamins. Don't forget to include implantable pumps, eye drops, ear drops, nasal sprays, suppositories, creams, ointments and patches.

Does your child have any allergies?

☐ **Yes,** I have listed them below. ☐ **No,** my child does not have any allergies.

Is your child currently taking any medication?

☐ **Yes**, I have listed them below. ☐ **No**, my child is not taking any medication.

[illegible]