Family Vitals™

Medication List Template

Individual Information

- **Full Name:** _____
- **Date of Birth (MM/DD/YYYY):** _____
- **Relationship (if child/dependent):** _____
- **Primary Care Provider:** _____
- **Last Updated (MM/DD/YYYY):** _____

Emergency Information

- **Emergency Contact Name:** _____
- **Phone Number:** _____
- **Known Drug Allergies:** ☐ None ☐ Yes (list below)

Allergy Details (Medication & Reaction):

_____

Current Medications

Include all medications taken regularly or as needed (PRN), including prescriptions, over-the-counter drugs, vitamins, and supplements.

Medication Name	Strength / Dose	Route (Oral, Inhaled, Topical, Injection)	Frequency / Timing	Reason / Condition	PRN (As Needed)
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Medications Taken at School / Daycare / Camp (If Applicable)

Some institutions require separate authorization forms. This section is for reference only.

Medication	Dose	Time(s) Given	Self-Carry Allowed?	Stored With (Nurse/Staff)
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Emergency & Rescue Medications

- ☐ Epinephrine Auto-Injector (EpiPen)
- ☐ Inhaler (Albuterol or equivalent)
- ☐ Glucagon
- ☐ Seizure Rescue Medication

Medication Name(s) & Instructions:

_____

_____

Where medication is kept: ☐ With individual ☐ Nurse ☐ Staff ☐ Backpack

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Discontinued or Past Medications (Optional)

Helps providers understand medication history and adverse reactions.

Medication Name	Reason Stopped	Approx. Stop Date	Side Effects / Issues

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Pharmacy Information

- **Preferred Pharmacy:** _____
- **Phone Number:** _____

Additional Notes

Include administration instructions, food interactions, monitoring needs, or special handling instructions.

Acknowledgment

I confirm that the information listed above is accurate to the best of my knowledge and will be updated whenever medications change.

- **Name:** _____
- **Signature:** _____
- **Date:** _____

Clinical & Privacy Note: Maintaining an up-to-date medication list is a recognized patient safety best practice endorsed by healthcare providers. This document may be shared with schools, caregivers, or medical professionals as needed and should be stored securely.