

Pediatric Medication Schedule

Child's Name: _____

Weight: _____ lbs / kg

Date: _____

Pediatrician Phone: _____

MEDICATION	DOSAGE	FREQUENCY	TIME/LOG (AM/PM)	NOTES
Acetaminophen (Tylenol)		Every 4-6 hours		Do not exceed 5 doses/24hrs
Ibuprofen (Advil/Motrin)		Every 6-8 hours		Give with food
Antibiotic: _____				Finish full course
Other: _____				
Other: _____				

Important Safety Reminders:

- Always use the specific measuring device (syringe/cup) provided with the medication.
- Double-check concentrations (e.g., Infant vs. Children's liquid) before dosing.

- Consult your healthcare provider before mixing or alternating medications.
- Seek immediate care for difficulty breathing, persistent high fever, or lethargy.

Template for informational use only. Consult a licensed medical professional for specific dosage instructions.