

MEDICATION SCHEDULE

Date: _____

Child's Name Jane Doe

Weight (kg/lbs) 18.5 kg

Pediatrician Contact Dr. Smith (555-0199)

Amoxicillin	5 mL	8:00 AM / 8:00 PM	Oral / Shake well, give with food
Children's Tylenol	7.5 mL	Every 4-6 hours	Oral / For fever over 101F
Multivitamin	1 tablet	9:00 AM	Chewable / Once daily
Saline Drops	2 drops	As needed	Each nostril / Before naps

Special Instructions & Allergies:

Allergies: No known drug allergies.

Emergency Contact: John Doe (555-0100)