



MEDICINE TRACKER

Fill this sheet out daily to keep track of your medicine.
Check off the last box when you've taken your medicine!

Name: _____

Physician's Information

Name: _____

Phone Number: _____

DATE	TIME	MEDICINE	DOSAGE	NOTES	✓
Mon 11/19	Morning	Antibiotic	1 tsp.	With food	✓

For more useful tools, visit www.aapcc.org

POISON HELP LINE: 1-800-222-1222

Lost track of your meds? Think you may have taken a double dosage? Call the Poison Help line for free, confidential, expert medical advice 24/7/365.

