Medication schedule chart

Last updated: _____

Name: _____ Allergies: _____ Emergency contact: _____ Pharmacy: _____

Medicine and strength	What it's for	How to take it	Morning	Noon	Evening	Bedtime

Write how much you take in each time box, like "1 tablet". Copy the times from your label or pharmacist. This chart is a record, not medical advice. Update it each time you start, stop or change a medicine. Free template from www.aipillid.com