

Parent/Guardian: Please complete this form to store a list of medications for your child/ward. You must **SIGN and DATE** the Medication List.

Medication List for (minor's name) _____ as of ___/___/___

Medication	Dosage	Frequency

Medical Specialists: (If Applicable)

Name	Specialty	Phone Number

Use Additional Sheets as Necessary

STORING A MEDICATION LIST WITH DOCUBANK

I authorize DocuBank to store my minor child or ward's medication list and make it available when their emergency card is used. This medication list is accurate as of today's date. I am responsible for keeping this medication list up to date with DocuBank.

Parent/Guardian Signature _____ Date: _____

Send this Completed Form with your Minors Matter Enrollment Form

For questions or Member Services, call toll-free 1-866-DOCUBANK