

## IN AN EMERGENCY:

- Follow your emergency plan and instructions from local officials.
- Keep this important information with you.
- Take medicines and important supplies with you if you have to leave your home.



**1<sup>st</sup> Emergency Contact**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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**2<sup>nd</sup> Emergency Contact**  
(someone who lives out of town)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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**Other Important Numbers**  
(doctor, service providers)

## 2<sup>nd</sup> Emergency Contact

(someone who lives out of town)

Name:

Phone:

E-mail:

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**Medical Conditions** (such as asthma, diabetes, epilepsy, heart condition, high blood pressure, lung problems, kidney disease, chronic hepatitis, HIV infection):

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Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Blood Type:

- Keep a list of all the herbs, vitamins, and supplements that you take.
- Take your medicine how it is prescribed.

- Write all of the prescription drugs, over the counter drugs, vitamins, herbal supplements that you take. ■ Keep this list up to date (cross out medicines you no longer take).
- Fill it out with the help of your doctor, pharmacist or other care provider. ■ Take your medicine how it is prescribed. ■ Prepare to take medicine with you in an emergency.

## MEDICINE

## DOSE

## DOSE

## WHEN DO YOU TAKE IT?

How many times a day?  
Morning & night?

## PURPOSE

## Why do you take it?