

# Medication/Allergy List for Emergencies



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

Date of Birth: \_\_\_\_\_ Doctor: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Contact's Phone #: \_\_\_\_\_

List medications below. Be sure to include prescription drugs, over the counter drugs, and herbal supplements.

Name	Dose	Frequency

Medication list continues:


Having accurate, up-to-date medication and allergy information on this card will help healthcare workers provide you with safe care. Keep this card with you at all times.

Allergic to:	Reaction Type:

## Update information when:

- You start a medication
- You no longer take a medication
- Your doctor changes the dosage or frequency of your medication
- You experience a reaction or side effect
- You discover you have an allergy

## Medication tips:

- Know what you are taking and why
- Read and follow all label directions
- List all of your medication and when you take them
- Tell your doctor about side effects or concerns you have
- Take expired medications to your pharmacy for disposal. Do not throw them in garbage or flush them away
- Never take other people's prescription drugs
- Ask your doctor before you change a dosage or stop taking a prescription