## **Adult Family Member**

Legal name	Nickname	Date of birth	Cell phone
Employer			
Address		Phone	E-mail
Medical Informatio	n		
Health/disability in	nformation		
Allergies			
7 1101 9100			
0	· · · · · · · · · · · · · · · · · · ·		
Special needs, equ	uipment, supplies		
Primary care docto	r		
Name		DI	• · ··
Address		Phone	Organization
Other doctors			
Name		Specialty	
Address		Phone	Organization
Name		Specialty	
Address		Phone	Organization
None		Cmanialta	
Name		Specialty	Organization
Address		Phone	Organization

## Medications

If medication is lost in a disaster, an emergency prescription can be obtained.

Medication name	Dosage/frequency	Reason for taking	Rx number
Wilderdarie II Harris			
Prescribing physician	<u>'</u>	Pharmacy phone	Prescription date
Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmany phana	Proporintian data
Frescribing physician		Pharmacy phone	Prescription date
Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date
Medication name	Dosage/frequency	Reason for taking	Rx number
Medication name	Dosage/frequency	Reason for taking	Rx number
Medication name  Prescribing physician	Dosage/frequency	Reason for taking  Pharmacy phone	Rx number Prescription date
	Dosage/frequency		
Prescribing physician		Pharmacy phone	Prescription date
	Dosage/frequency  Dosage/frequency		
Prescribing physician  Medication name		Pharmacy phone Reason for taking	Prescription date  Rx number
Prescribing physician		Pharmacy phone	Prescription date
Prescribing physician  Medication name		Pharmacy phone Reason for taking	Prescription date  Rx number
Prescribing physician  Medication name		Pharmacy phone Reason for taking	Prescription date  Rx number
Prescribing physician  Medication name  Prescribing physician  Medication name	Dosage/frequency	Pharmacy phone  Reason for taking  Pharmacy phone  Reason for taking	Prescription date  Rx number  Prescription date  Rx number
Prescribing physician  Medication name  Prescribing physician	Dosage/frequency	Pharmacy phone  Reason for taking  Pharmacy phone	Prescription date  Rx number  Prescription date

## **Disaster Procedure**

Each family member should know each other's disaster procedures for work, school or other places where they spend time.

## **Notes:**