

## Medical Conditions

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

## Medication Allergies & Sensitivities

Medication & Type of Reaction/Date of Reaction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Pharmacy Name \_\_\_\_\_

Pharmacy Phone Number \_\_\_\_\_

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

Emergency Phone Number \_\_\_\_\_



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# Personal Medication Card



