

[illegible]

# Emergencies and Your Medicines



The Maryland Board of Pharmacy's Taskforce on Emergency Preparedness approves this initiative.



An emergency kit has items that you will need to stay in place or leave during an emergency. Place all of the above items in your emergency kit. Include items for your pets too!

# Know Your Medications!

Know *what* prescription medications you are currently taking:

- Name
- Dose
- How much and when to take

Know *why* you are taking each medication

Know *possible side effects* of each medication

Know what could happen if you *stopped* taking the medication(s)

*Make a list* of all your prescription medications and any over-the-counter medicines that you take

*Carry that list* with you at all times-  
*keep it up-to-date*

**Place in a waterproof pouch such as a vinyl pencil case:**

- Patient Information Sheet that comes with your prescription
- Copy of your health insurance card and/or prescription card
- Copy of this brochure

# What You Can Do!

Refill your medications on a regular basis. **Don't wait until you have only one dose left.**

Refill your prescription a week before it runs out. Your insurance may allow you to do this. Check with your pharmacist.

Keep a **two week supply of all medicines** in your emergency kit

**Rotate the medicines** in your emergency kit to keep them current.

## Write Down

Primary Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Telephone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Telephone: \_\_\_\_\_

# Resources

**www.ready.gov**  
(www.ready.gov.america/getakit/seniors.html)

**www.AARP.org/CreateTheGood**

**www.bt.cdc.gov**  
Centers for Disease Control and Prevention, Emergency Preparedness and Response

**www.redcross.org/preparedness**  
ARC and CDC answer common questions and provide guidance on preparedness



For further information about putting together an emergency kit, go to:  
[www.frederickcountymd.gov/healthdept](http://www.frederickcountymd.gov/healthdept)

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| LIST OF MEDICATIONS - Prescription And Over-The-Counter | Allergies:         |  |  |  |  |
|---------------------------------------------------------|--------------------|--|--|--|--|
|                                                         | How Often/When     |  |  |  |  |
|                                                         | Dose               |  |  |  |  |
|                                                         | Why Taking?        |  |  |  |  |
|                                                         | Medications Taking |  |  |  |  |
| Date Completed:                                         |                    |  |  |  |  |
| More On Other Side.                                     |                    |  |  |  |  |