READY OR NOT CO.

BLANK, FILL-IN, ONE PER PERSON

MEDICAL INFORMATION SHEET

One page for each person: medicines, allergies, conditions, devices, doctor and pharmacy. Fill it in by hand and keep it in a waterproof pouch with the kit.

WHO THIS IS

NAME

DATE OF BIRTH

EMERGENCY CONTACT (NAME AND PHONE)

SECOND CONTACT (NAME AND PHONE)

DOCTOR (NAME AND PHONE)

PHARMACY (NAME AND PHONE)

HEALTH INSURANCE AND MEMBER NUMBER

DATE THIS SHEET WAS LAST UPDATED

CONDITIONS AND ALLERGIES

MEDICAL CONDITIONS

ALLERGIES (MEDICINES, FOODS, LATEX, INSECT STINGS)

MEDICINES I TAKE

NAME AND STRENGTH	WHAT IT IS FOR	HOW MUCH AND WHEN	PRESCRIBED BY

DEVICES AND DAILY NEEDS

MEDICAL DEVICES AND SUPPLIES (STYLE AND SERIAL NUMBER)

GLASSES, CONTACTS, HEARING AIDS, MOBILITY AIDS

MEDICINES THAT NEED REFRIGERATION, AND WHERE THE COOLER IS

WHAT HELPS ME, OR HOW I COMMUNICATE

The FDA says to keep an up-to-date list of your medicines, medical conditions, medical supply needs and allergies. Keep a copy with the kit and in each go bag. Nothing you write here is sent to us.

Sources: FDA, Safe Drug Use After a Natural Disaster; Ready.gov, People with Disabilities; American Red Cross, Survival Kit Supplies. Last reviewed November 18, 2026. General preparedness information, not medical advice. In an emergency, call 911.