



ALLERGIES *and* CONDITIONS

Worksheet

Does your loved one have allergies? What about medical conditions that might affect care? Make sure emergency medical workers know about allergies and medical conditions by filling out the chart below.

(Include foods, seasonal allergies, and/or medications and conditions, such as heart problems, diabetes, arthritis, macular degeneration, etc.)

IMPORTANT INFORMATION FOR: _____

ADDRESS: _____

DATE OF BIRTH: _____ **PHONE** _____

ALLERGIES/ CONDITIONS	SIGNS/ SYMPTOMS	MEDICATION <i>(see medication tracker for dosage)</i>	EMERGENCY TREATMENTS OR OTHER IMPORTANT INFORMATION

For more information, please visit SeniorEmergencyKit.com

