



Medications in Emergency Preparedness Kit

Keep a copy of this information in your emergency kit. Talk to your doctor about preparing a two-week supply of medication and medical supplies in your grab-and-go bag. Include prescriptions and medical documents.

Family Member:	Health Card Number	Province
Allergies	Sensitivities	
Medical Conditions		
Benefit Provider	Group ID/Account #	Provider Phone #
Doctor's Name	Doctor's Phone #	
Pharmacy Name	Pharmacy Location	
Medical Equipment: (i.e.: eye glasses, hearing aids/batteries, oxygen, wheelchair/batteries, sleep apnea machine, communication device, etc.)		

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Tips for Medical Needs

Personalizing your emergency preparedness kit for your unique medical needs or the needs of your family is extremely important. Particularly, including prescription medications and other medical supplies in your emergency kit and plans.

Below are 10 tips about how to prepare your medications for an emergency so you can decrease the risk of a life-threatening situation.

1. **Make a list.** Keep a list of all your medications including dosages, as well as doctor and pharmacy phone numbers in your emergency kit.
2. **Have your health insurance card and benefit card.** Keep your health insurance and prescription drug benefit card with you at all times so your pharmacy benefits provider or health insurance plan can help you replace any medication that was lost or damaged in a disaster.
3. **Keep a record.** Make copies of your current prescriptions and keep them in your emergency kit and/or go bag. If you can't reach your regular doctor or usual pharmacist, this written proof of your prescriptions will make it much easier for another doctor to write you a refill. Keep papers in a waterproof bag or container.
4. **Start a stockpile.** During and after a disaster you may not be able to get your prescriptions refilled. Make sure you have at least 7 – 10 days of your medications and other medical supplies. Talk to your doctor about getting a few extra days' worth of medication for your emergency kit to get you through a disaster.
5. **Storage matters.** Keep your medications in labeled, child-proof containers in a secure place that does not experience extreme temperature changes or humidity. Don't forget to also include non-prescription medications you might need, including pain relievers, allergy medications, and antacids.
6. **Rotate the date.** Don't let the medications in your emergency supply kit expire. Check the dates at least twice every year.
7. **Prioritize critical medicines.** Certain medications are more important to your health and safety than others. Prioritize your medications, and make sure you plan to have the critical medications available during an emergency.
8. **Prepare for special needs.** If your medication requires refrigeration or electronic equipment, have a plan for temporary storage and administration.
9. **Skipping doses.** If you haven't been able to take your medication, contact a pharmacist or doctor as soon as possible even if you're not experiencing any negative health effects. Never take additional doses to make up for those you've missed before talking to a healthcare practitioner.
10. **Communicate a plan.** Talk to your doctor about what you should do in case you run out of a medication during an emergency. If you have a child who takes a prescription medication, talk to their daycare provider or school about a plan in case of an emergency.



Special Considerations for Persons with Diabetes

- When establishing your emergency preparedness kit, include a supply of diabetic food/drinks and a seven-day supply of medications and testing equipment. Blood sugar levels should be carefully monitored because the added stress may cause blood sugar levels to fluctuate more than normal.
- Tell rescue workers and/or shelter staff that they have diabetes. Drink plenty of clean water, watch what you eat, and stick with the regular testing and medication schedule.



Medicine Tracking

Family Member	Name of Medicine	When	Reason for Taking	Dosage / Strength	How Much?	Instructions (with food, milk, no food, drowsy, etc)	Start Date	Prescribing Doctor Pharmacy
<i>e.g. Mom</i>	<i>Atorvastatin</i>	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input checked="" type="checkbox"/> Bedtime <input type="checkbox"/> As needed	<i>Cholesterol</i>	<i>20 mg</i>	<i>1 pill</i>	<i>With food</i>	<i>March 2018</i>	<i>Dr. Goodheart</i>
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed						
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed						
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed						

Medicine Tracking

Family Member	Name of Medicine	Category	Reason for Taking	Dosage How much? How often?	Instructions (with food, milk, no food, drowsy, etc.)	Start Date	Prescribing Doctor Pharmacy
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed					
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed					
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed					
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed					

Non-Prescription Medications to pack

i.e.: pain relievers, cold/allergy medication, antacids

Medical Equipment to Bring:

i.e.: eye glasses, hearing aids/batteries, oxygen, wheelchair/batteries, sleep apnea machine, service animals, communication device
