



My Family Disaster Plan

Medication List

User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine

Note: Keep on hand at least seven days of vital medications and supplies. Talk to doctor before storing medication or if you use two or more medications