Dependent Medical & Care Information

Record the information another caregiver would need to safely continue day-to-day care.

Medical contacts

Primary doctor / clinic _____ **Phone** _____

Primary doctor / clinic address _____

Specialist / therapist _____ **Phone** _____

Specialist / therapist address _____

Pharmacy _____ **Phone** _____

Pharmacy address _____

Important medical conditions, allergies, or care needs _____

Medications or treatments

Medication / Treatment	Dose	When / How	Where It Is Kept

KEEP HEALTHCARE DOCUMENTS WITH THE RECORDS

This page is a practical summary. Keep prescriptions, treatment plans, consent forms, guardianship papers, and other official documents in the location you list elsewhere in this chapter.