Extra Medication List Sheet

Use this extra medication list sheet when the main emergency information sheet does not have enough room for current medications.

Person and medication list details

Person name _____ **Date of birth** _____

Last updated date _____ **Preferred pharmacy** _____

Primary doctor or prescriber _____

Current medications - additional space

Medication name	Dose / strength	Route	When / how often	Reason / condition	Prescriber	Important notes

As-needed or rescue medication notes

Write any as-needed or rescue medication notes here. Follow the person's prescribed plan, prescription label, care plan, and medical team instructions.

Safety note

This sheet is for organizing medication information only. It is not medical advice or a medication order. Follow the person's current medication list, prescription labels, care plan, and instructions from their medical team. In an emergency, call 911 or your local emergency number.