



City of Cortland Fire Department

Charles S. Glover, Fire Chief
City Of Cortland Fire Department
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Personal Medication Sheet

Personal Information:

Name: _____ Phone Number: _____
Date of Birth: _____ Address: _____
Doctor's Name and Phone Number: _____
Pharmacy Name and Phone Number: _____
Emergency Contact Name and Number: _____
Hospital Preference: _____

Allergies to Medications:

<u>Medication</u>	<u>Reaction</u>	<u>Medication</u>	<u>Reaction</u>
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

Conditions I am being treated for: (For example: COPD, Diabetes, Stroke, any Heart Problems)

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Medications I Take: (For example: Lisinopril)

1. _____	6. _____	11. _____
2. _____	7. _____	12. _____
3. _____	8. _____	13. _____
4. _____	9. _____	14. _____
5. _____	10. _____	15. _____

Attach this sheet and Physicians Orders for Life-Sustaining Treatment (POLST) to your refrigerator

Keeping this information updated will help us provide you with the best care.

Thank You!