

VISION

TO IMPACT AND INSPIRE A SAFER ORLANDO.

MISSION

SAFEGUARDING LIVES AND PROPERTY THROUGH OUR DUTY TO ACT, PREVENT, TRAIN AND EDUCATE.

MY MEDICATION MEDICAL RECORD KEEPER



DOWNLOAD AN ADDITIONAL COPY AT
CITYOFORLANDO.NET/FIRE
Available in English and Spanish.

Checklist for Medication Safety:

- Know what each medication is for.
- Store in a secure, dry area.
- Follow all instructions provided.
- Record your medicine Intake.

Consult Your Doctor if:

- You experience an allergic reaction.
- You experience any side effects.
- You skipped your prescribed dosage.
- You took an extra dosage.

ALL ABOUT YOU

DATE

NAME

PHONE

DOB

BIRTH PLACE

WEIGHT

HEIGHT

BLOOD TYPE

EYE SIGHT

ALLERGIES

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

PHYSICIAN NAME

PHYSICIAN PHONE

PHARMACY NAME

PHARMACY PHONE

