ANNE ARUNDEL COUNTY
MARYLAND
County Executive John R. Leopold

Anne Arundel County TRIAD Plus Medication Card for:

Anne Arundel County, MD TRIAD + S.A.L.T. Council

Address _____

_____

Telephone # _____

Emergency Contacts (Name, Relationship & Phone #'s)

1. _____

_____

2. _____

_____

3. _____

_____

Doctor's Name and Phone Number

_____

_____

_____

Major Health Conditions *(use back of form for addition room)*

_____ _____

_____ _____

_____ _____

_____ _____

Allergies to Medications Yes ☐ No ☐ *(If Yes, Please list below)*

_____

_____

I have the following Medical Care Instructions *(Include location)*

Living Will _____ Yes ☐ No ☐

EMS/DNR _____ Yes ☐ No ☐

I am an organ donor Yes ☐ No ☐

Date Card Completed _____/_____/_____

Call 911 for Police, Fire, or Medical Emergencies

Fold

PLEASE KEEP A LIST OF CURRENT MEDICATIONS FOR EMERGENCY RESPONDERS

Please use back of form for additional medications

Current Medication	Dosage / Strength	How Often?	When?