

## **The Well-Stocked First Aid Kit**

Acetaminophen  
Activated Charcoal  
Antibacterial Ointment  
Antidiarrheal  
Antiseptic Wipes  
Aspirin (for adults ONLY)  
Bandages (all sizes)  
Chewable Antacid  
Cotton Balls/Swabs  
Cough Drops  
Cough Medicine (adult and child)  
Elastic Bandages/Fasteners  
Flashlight  
Gauze  
Hydrocortisone Cream (for itching, inflammation and sunburn)  
Hydrogen Peroxide  
Ibuprofen  
Local Emergency Numbers AND Drs. Numbers  
Non-drowsy Decongestant  
Scissors  
Soap/Sanitizer  
Splints/Slings (for ankles, wrists, knees, fingers, arms)  
Sunscreen (get as high an SPF as you can find)  
Syrup of Ipecac (to induce vomiting AFTER being told to do so by poison control)  
Reusable Hot and Cold Packs (to make a homemade cold pack mix three parts water and one part rubbing alcohol, seal securely in a zipper top bag, clearly label as POISON. These will stay squishy and can be reused.)  
Tape  
Thermometer (For an infant use a anal thermometer with a lubricant such as KY Jelly)  
Tweezers

**For a Car Kit also include: Blanket, Flares, Fire Extinguisher, Water (a gallon for the car and at least a gallon for drinking), Matches (in a waterproof container), Nonperishable Food/Energy Bars\***

Check the contents and expiration dates of all of these supplies on January 15, April 15, July 15 & October 15 EVERY YEAR. Replenish as necessary.

\*Use the food/energy bars every quarter and replenish to keep them from going stale.

# EMERGENCY NUMBERS

## FIRE

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**AMBULANCE**

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**POISON CONTROL**

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**DOCTOR**

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**ADULT CHILDREN**

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**ELECTRIC COMPANY**

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**GAS COMPANY**

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**NEIGHBORS**

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**RELATIVES**

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**LOCAL FRIENDS**

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## Health Record

Name:

Date of Birth:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Known Allergies:

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Medications:

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Health Conditions

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**Surgeries**

Type: \_\_\_\_\_

Where: \_\_\_\_\_

Date: \_\_\_\_\_ Dr.: \_\_\_\_\_

Type: \_\_\_\_\_

Where: \_\_\_\_\_

Date: \_\_\_\_\_ Dr.: \_\_\_\_\_

Type: \_\_\_\_\_

Where: \_\_\_\_\_

Date: \_\_\_\_\_ Dr.: \_\_\_\_\_

Type: \_\_\_\_\_

Where: \_\_\_\_\_

Date: \_\_\_\_\_ Dr.: \_\_\_\_\_

**Hospital Stays**

Reason: \_\_\_\_\_

Date: \_\_\_\_\_ Prognosis: \_\_\_\_\_

Reason: \_\_\_\_\_

Date: \_\_\_\_\_ Prognosis: \_\_\_\_\_

Reason: \_\_\_\_\_

Date: \_\_\_\_\_ Prognosis: \_\_\_\_\_

Reason: \_\_\_\_\_

Date: \_\_\_\_\_ Prognosis: \_\_\_\_\_

**Shot Records: Stored Where?**

**Reactions to Shots:**

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**History Compiled On:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Doctor's Office Contact Info**

**Patient's Name:**

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**Primary Care Physician:**

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**Location:**

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**Phone:**

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**Days/Hours:**

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**Emergency Number:**

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**Dentist:**

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**Location:**

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**Phone:**

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**Days/Hours:**

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**Emergency Number:**

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**Chiropractor:**

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**Location:**

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**Phone:**

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**Days/Hours:**

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**Emergency Number:**

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**Optometrist:**

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**Location:**

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**Phone:**

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**Days/Hours:**

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**Emergency Number:**

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**Specialist:**

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**Field:**

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**Location:**

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**Phone:**

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**Days/Hours:**

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**Emergency Number:**

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**Specialist:**

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**Field:**

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**Location:**

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**Phone:**

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**Days/Hours:**

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**Emergency Number:**

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**Questions to Ask the Dr.**

**Patient:**

Date: \_\_\_\_\_ Dr.: \_\_\_\_\_

**Concern:**

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**Answer:**

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**Concern:**

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**Answer:**

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**Concern:**

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**Answer:**

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**Patient:**

Date: \_\_\_\_\_ Dr.: \_\_\_\_\_

**Concern:**

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**Answer:**

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**Concern:**

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**Answer:**

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**Patient:**

**Date:** \_\_\_\_\_ **Dr.:** \_\_\_\_\_

**Concern:**

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**Answer:**

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**Concern:**

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**Concern:**

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**Answer:**

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**Patient:**

**Date:** \_\_\_\_\_ **Dr.:** \_\_\_\_\_

**Concern:**

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**Answer:**

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**Concern:**

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**Answer:**

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**Concern:**

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**Answer:**

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## Appointment Record

**Patient:**

\_\_\_\_\_  
**Doctor:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Referred by/Date:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Diagnosis:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treatment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prescription(s):**

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\_\_\_\_\_  
\_\_\_\_\_

**Patient:**

\_\_\_\_\_  
**Doctor:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Referred by/Date:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Diagnosis:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treatment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prescription(s):**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient:**

\_\_\_\_\_  
**Doctor:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Referred by/Date:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Diagnosis:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treatment:**

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\_\_\_\_\_  
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**Prescription(s):**

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\_\_\_\_\_  
\_\_\_\_\_

**Patient:**

\_\_\_\_\_  
**Doctor:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Referred by/Date:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Diagnosis:**

\_\_\_\_\_  
\_\_\_\_\_  
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**Treatment:**

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**Prescription(s):**

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**Patient:**

\_\_\_\_\_  
**Doctor:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Referred by/Date:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Diagnosis:**

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\_\_\_\_\_  
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**Treatment:**

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\_\_\_\_\_  
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**Prescription(s):**

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\_\_\_\_\_  
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**Patient:**

\_\_\_\_\_  
**Doctor:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Referred by/Date:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Diagnosis:**

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\_\_\_\_\_  
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**Treatment:**

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**Prescription(s):**

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\_\_\_\_\_