

PARENTS,
THE ANTI-DRUG.

[PARTNER LOGO]

ATTENTION: PARENTS!
Help Stop Teen Prescription Drug Abuse

For more information, visit www.TheAntiDrug.com

Ask friends and family to safeguard their prescription drugs as well.

Properly conceal and dispose in the trash.

Safeguard all drugs at home. Monitor quantities and control access.

Set clear rules for teens about all drug use, including not sharing medicine and always following the medical provider's advice and dosages.

Be a good role model by following these same rules with your own medicines.

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMERGENCY CONTACT

NAME: _____

PHONE: _____

PHARMACIST/PHARMACY

NAME: _____

PHONE: _____

HEALTH CARE PROVIDERS

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

ALLERGIES

MEDICAL CONDITIONS

CURRENT MEDICATIONS

NAME: _____

DOSAGE: _____

FREQUENCY: _____

NAME: _____

DOSAGE: _____

FREQUENCY: _____

NAME: _____

DOSAGE: _____

FREQUENCY: _____

NAME: _____

DOSAGE: _____

FREQUENCY: _____

See second page for additional instruction.

Rx Wallet Card Download Instructions

One:

Complete the form by clicking on a blank line and typing in your information.

Two:

Save the completed PDF file to your desktop.

Three:

Print the PDF file.

Four:

Cut out the paper on the “scissor” marks.

Five:

Fold paper in half horizontally (Example 1).

Six:

Fold the first and last panels inward (Example 2).

Seven:

Fold the panels in half so the cover shows (Example 3).

Example 1

PERSONAL INFORMATION	HEALTH CARE PROVIDERS	MEDICAL CONDITIONS	CURRENT MEDICATIONS
NAME _____	NAME: _____	_____	NAME: _____
ADDRESS _____	PHONE: _____	_____	DOSAGE: _____
_____	NAME: _____	_____	FREQUENCY: _____
PHONE _____	PHONE: _____	_____	NAME: _____
EMERGENCY CONTACT	NAME: _____	CURRENT MEDICATIONS	DOSAGE: _____
NAME: _____	PHONE: _____	NAME: _____	FREQUENCY: _____
PHONE: _____	_____	DOSAGE: _____	NAME: _____
PHARMACIST/PHARMACY	ALLERGIES	FREQUENCY: _____	DOSAGE: _____
NAME: _____	_____	NAME: _____	FREQUENCY: _____
PHONE: _____	_____	DOSAGE: _____	NAME: _____
		FREQUENCY: _____	DOSAGE: _____
			FREQUENCY: _____

Example 2



Example 3

