

**List Your Medical Conditions
or Known Allergies**

Last Updated: _____

Your Name:

Date of Birth: _____

Emergency Contact Name:

Phone: _____

Pharmacy Name:

Phone: _____

Primary Care Provider Name:

Phone: _____

You can drop off any unused or expired medication that you no longer want at area ***Drug Drop Boxes.***

For a list of locations in Mahoning County, visit

www.mahoninghealth.org

Most locations are open 24 hours a day / 7 days a week, and accept dry pills and medication patches.

No needles, syringes, inhalers, or liquids are accepted.

Personal Medication List



**MAHONING COUNTY
PUBLIC HEALTH**
PREVENT · PROMOTE · PROTECT