



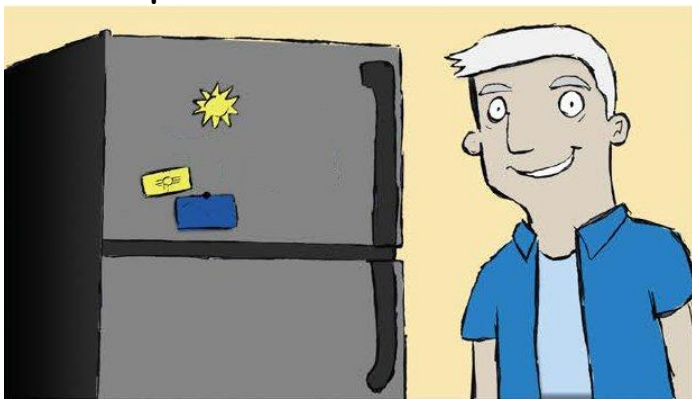
How to Setup your VIAL OF LIFE



1. Fill out the Vial of Life Form

Fill out the form on the reverse side of this page. Answer all or any pertinent questions. All fields are optional.

Make blank copies of this form to keep information current or go to www.VialofLife.com to maintain and store updated information online.



2. Prepare your Vial of Life Bottle

Fold your completed Vial of Life form and insert it into the green Vial of Life bottle.

You may also consider including the following items: EKG copy, DNR (do not resuscitate), living will or equivalent, recent photo of self.

2. Prepare your Vial of Life Bottle

Fold your completed Vial of Life form and insert it into the green Vial of Life bottle.

Store your green Vial of Life bottle inside your refrigerator, preferably on a door rack in plain sight.

3. Post your Vial of Life Decal

Attach the included Vial of Life Decal on your residence front door or on the outside of your refrigerator at eye level.

This lets local first responders know where your medical information is located. It may just help save your life.

Joint community service project of the New Washington State Bank & Charlestown Police Dept.

Thanks to the Vial of Life, first responders will have all the medical information they need to best treat you...

Allergies to Medications	Allergic to Penicillin and Anticonvulsants
Doctors Name and Telephone Number	Dr. Gerald Johnson 555-688-7787





VIAL OF LIFE

Medical Information Form

VialofLife.com • 1-888-724-1200

DATE COMPLETED:

FIRST NAME			INITIAL		LAST NAME			SSN	
STREET				CITY		STATE		ZIP	
TELEPHONE		DOB		MALE/FEMALE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BLOOD TYPE
RELIGION								DENTURES	
List Hearing Difficulties								UPPER	LOWER
List Vision Difficulties								UNABLE TO SPEAK	
								<input type="checkbox"/>	
PRIMARY LANGUAGE (IF NOT ENGLISH)									
Identifying Marks									
Current Medical Conditions									
Past Medical Conditions									
Current Medications: Dosage & Frequency									
Allergies to Medications									
Doctor's Name & Phone Number									
Last Hospitalization									
Special Instructions (Such as Health Directives, Etc..)									
Health Insurance Policy									
Emergency Contact - Name, Address, Phone Number, & Relationship									

PRINT CLEARLY • FOLLOW DIRECTIONS ON BACK TO STORE ON REFRIGERATOR