



Help First Responders  
by Using VIALofLIFE

# HOW TO SET UP YOUR VIAL OF LIFE KIT

## **STEP 1**

Make blank copies of form to keep your information current. Fill out the form located on reverse side. You may also consider including a copy of EKG, Living Will, DNR (do not resuscitate) and a recent photo or copy of driver's license. All fields are optional but be sure to use more paper if necessary to record ALL information!

## **STEP 2**

**Use a Vial:** Fold form three times, roll and slide inside the vial bottle.

**Use a Baggie:** Fold twice and slide in a baggie.

## **STEP 3**

Place the **Vial** inside the refrigerator in a conspicuous place or hang the **Baggie** on front of refrigerator door with heavy duty magnet.

## **STEP 4**

Place a **Vial of Life decal** on front door or window for easy visibility. Also place one on the front of your refrigerator or on the front of the baggie.

MORE FORMS AVAILABLE AT: [www.newbernwomansclub.com](http://www.newbernwomansclub.com)

Civic, Religious and Veterans Organizations, we would love to come tell your members about this program. Contact us at [nbwcvialoflife@gmail.com](mailto:nbwcvialoflife@gmail.com)



# VIAL of LIFE

## Medical Information Form

<b>Date Completed:</b>	<b>SS Number:</b>
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**Name:**

**Address:**

<b>Home Phone:</b>	<b>Cell Phone:</b>
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DOB	M/F	Height	Weight	Hair Color	Eye Color	Blood Type
Hearing Difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No	Dentures <input type="checkbox"/> Upper <input type="checkbox"/> Lower	Able to Speak <input type="checkbox"/> Yes <input type="checkbox"/> No	Identifying Marks	Primary Language	Religion

**Current Medical Conditions:**

**Current Medications : Dosage and Frequency**

**Allergies to Medications:**

**Past Medical Conditions:**

**Primary Doctor's Name and Phone:**

**Date of Last Hospitalization:**

**Special Instructions** (Health Directives, Implants, Pacemakers etc.)

**Health Insurance Carrier and Policy Number:**

<b>Emergency Contact Information – Name, Address, Phone &amp; Relationship</b>

**PRINT CLEARLY - MAKE COPIES FOR FUTURE UPDATES – FOLLOW DIRECTIONS ON BACK**