

PRESENTATION INFORMATION FOR NBWC MEMBERS

WHAT IS THE VIAL OF L.I.F.E.?



Lifesaving Information For Emergencies

The Vial of Life program is a way to have important lifesaving information available for Emergency Medical Responders in the event that you are injured or ill at your home. When you face a medical emergency you may be scared, anxious, in pain, confused or unable to speak for yourself. It is during those times that your **VIAL OF LIFE** will speak for you providing first responders with the information they

need to give you the most appropriate emergency care.

While this program is useful for all family members, it is especially helpful for senior citizens, those living alone, or those who are chronically ill.

Why is the **VIAL OF LIFE** so important? The **VIAL OF LIFE** form saves minutes and saves lives!

We hope that you will help us spread the word about the **Vial of Life**, and help our first responders and medical centers save more lives.

The New Bern Woman's Club in partnership with Craven County Emergency Services and the New Bern Police Department will work together to broadcast this to our citizens and the Emergency Medical Services Providers.

Please go to the New Bern Woman's Club website (www.newbernwomansclub.com) where you can download the form and decal to print yourself. Forms and decals may be purchased in bulk purchase supplies for large organizations. Prices and additional information is available on the attached sheet. Also, limited FREE supplies can be ordered on the Vial of Life website at www.vialoflife.com .

Questions: Contact Rita DeSanno at nbwc_vialoflife@gmail.com

PRESENTATION TIPS - Vial of Life

Sponsored by New Bern Woman's Club

NBWC VOLUNTEER:

- Call and make appointment with person/s at the organization you've agreed to train.

Hello, this is _____ from the New Bern Woman's Club. Our club is sponsoring a program called the Vial of Life in partnership with Craven County Emergency Services and the NB Police Department. The VoL is a simple, lifesaving Kit that saves thousands of lives and it's geared toward seniors, those living alone and those living with chronic illness. Do you have someone that I can speak with to set up an appointment to explain this procedure so that you can share with your member? The kit requires folks filling out a medical information form, two decal stickers, a plastic baggie, and a magnet clip to have baggie on refrigerator. First responders can alert the medical center, prior to patient arrival, of any critical issues and medications regarding the patient.

Name of contact _____ Date/Time _____

- Use the poster board to demonstrate the simplicity of the Vial of Life program.
- Take a small poster and baggie sample kit to leave with that person. The sample kit will help that person explain to others in their organization.
- Explain that the more medical information they put on the Form, the more it will help First Responders.
- If your contact asks for your support explaining the program to others in the organization, please agree to assist them.
- The organizations can print the forms (for free) by going to the NBWC website at www.newbernwomansclub.com or forms can be ordered locally from Alphagraphics – please see next page for prices and contact information.
- Decals can be ordered from the **Vial of Life** website for a nominal donation by organizations needing more than 10 copies at www.vialoflife.com/area/#/order-decals-large
- Vial of Life will mail 10 copies FREE to anyone that calls 1-888-931-1010. Paper copies of the decals can be downloaded from the NBWC website.
- Quart Size Baggies can be inexpensively purchased at Walmart or other supermarkets.

Frequently Asked Questions about the Vial of Life Program

What is the VIAL OF LIFE?

A **plastic bag** that hangs from your refrigerator or a **plastic medicine vial** stored inside your refrigerator, which contains your pertinent health related information, and a red decal to place on your home's front window or door in a visible place for all emergency responders to see.

Why is the VIAL OF LIFE so important?

When you face a medical emergency you may be scared, anxious, in pain, confused or unable to speak for yourself. It is during those times that your VIAL OF LIFE will speak for you, providing your emergency first responders with the information they need to give you the most appropriate emergency care. **VIAL OF LIFE saves minutes and saves lives!**

Who should participate in the VIAL OF LIFE?

The major focus is on Senior Adults, but anyone with a chronic illness or complicated medical history should have one, including children.

How much does it cost to participate in the VIAL OF LIFE?

It is a FREE program being offered to the entire community.

Who is sponsoring the VIAL OF LIFE in Craven County?

The program is being sponsored by the New Bern Woman's Club in partnership with Craven County Emergency Services and the New Bern Police Department. Our thanks to our other sponsors - Alphagraphics, Realo Drugs, and Walgreens.

How can I find out more about this program?

Visit the Vial of Life website at <http://www.vialoflife.com/>

To order your decals, visit <https://www.vialoflife.com/area/#/order-decals-large>

VIAL OF LIFE FORMS AND DECALS

Instructions for ordering Decals and Forms for Organizations

VIAL OF LIFE INSTRUCTION FORMS:

Instruction Forms can be ordered locally from Alphagraphics, 3731 Trent Road, New Bern, NC. Email order us698@alphagraphics.com or call Kelly 252-633-3199

High Gloss Paper – Color – Double Sided

50 Forms	\$ 52.42	200 Forms	\$ 141.70
100 Forms	\$ 84.40	400 Forms	\$ 233.12

Regular Paper w/Color – Double Sided

50 Forms	\$ 16.50	200 Forms	\$ 66.00
100 Forms	\$ 33.00	400 Forms	\$ 132.00

Black & White

50 Forms	\$ 5.50	200 Forms	\$ 22.00
100 Forms	\$ 11.00	400 Forms	\$ 44.00

VIAL OF LIFE DECALS:



The VIAL OF LIFE program donates up to **10** “Vial of Life” decals to individuals and groups for **FREE** at <http://www.vialoflife.com>.

For larger orders they require a donation. See below for the list of decal amounts and required donations.

Questions - call 1-888-931-1010 or visit the Vial of Life Website at <https://www.vialoflife.com/area#/order-decals-large>

50 decals	\$ 10.00	400 decals	\$ 50.00
100 decals	\$ 20.00	500 decals	\$ 60.00
200 decals	\$ 30.00	1000 decals	\$100.00
300 decals	\$ 40.00	2000 decals	\$175.00

Printable forms and decals available on the New Bern Woman’s Club Website
www.newbernwomansclub.com

To arrange for the New Bern Woman’s Club to speak with your civic, veterans or religious organization about this program, please contact Rita DeSanno at:
nbwcvioloflife@gmail.com



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

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



VIAL of LIFE

Medical Information Form

Date Completed:	SS Number:
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Name:

Address:

Home Phone:	Cell Phone:
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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:

Emergency Contact Information – Name, Address, Phone & Relationship

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

Vial of Life.com

Decals

