

# 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. The **VIAL OF LIFE** form saves minutes and saves lives!

**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 copies of EKG, Living Will 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 Baggie: Fold twice and slide in a baggie. Be sure to include any additional information that might be useful to the First Responders

**STEP 3:** 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.

The **New Bern Woman's Club** in partnership with **Craven County Emergency Services, Carolina East Emergency Medical Services** and the **New Bern Police Department** are working together to broadcast this to our citizens and the Emergency Medical Services Providers. Thank you to our sponsors: **Alphagraphics, Walgreens, Realo Drugs**

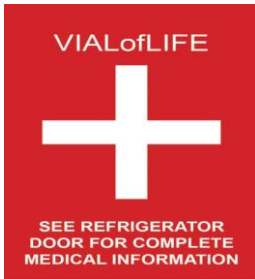
*We hope that you will help us spread the word about the **Vial of Life**, and help our first responders and medical centers save more lives.*

***Please share on your Facebook page or put a link on your website.***

Please go to the New Bern Woman's Club website ([www.newbernwomansclub.com](http://www.newbernwomansclub.com)) where you can download additional forms and decals 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](http://www.vialoflife.com).

**Questions: Contact Rita DeSanno at [nbwcvialoflife@gmail.com](mailto:nbwcvialoflife@gmail.com)**

Revised 4/9/19



# 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**