

Never Be Alone provided by American Medical Alarms sponsors the Vial of Life program.

Please cut out the two Vial of Life pictures below. Fill out the Vial of Life form and put it behind one cut out in a plastic bag and tape the bag to the front of your refrigerator. Then put the second cut out in a bag and tape it on the outside of your front door. Be sure to amend the information on your Vial of Life form as your medications and or medical information changes. You can print new forms anytime you need them by visiting our website at: [www.neverbealone.com](http://www.neverbealone.com)



Thank you!

Never Be Alone provided by American Medical Alarms

# VIAL OF LIFE

DATE COMPLETED: \_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION - FOR RESCUE SQUAD

**Sponsored by American Medical Alarms, Inc. - Phone Toll Free (800) 210-1944**

FIRST NAME			INITIAL	LAST NAME			SOCIAL SECURITY NUMBER		
STREET			CITY		STATE	ZIP	TELEPHONE		
DATE OF BIRTH	MALE/FEMALE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BLOOD TYPE	RELIGION		
IF PACEMAKER, MODEL #		DEFIBRILATOR, MODEL #		HEARING AID	DEAF	DENTURES	UNABLE TO SPEAK		
VISION	GLASSES	CONTACTS		L	R	L	R	UPPER LOWER	<input type="checkbox"/>
	<input type="checkbox"/>			BLIND	ARTIFICIAL EYE	NATIVE LANGUAGE IF NOT ENGLISH			
				L	R	L	R		
IDENTIFYING MARKS:									
CIRCLE CONDITIONS YOU HAVE BEEN TREATED FOR IN THE PAST									
AIDS	BLOOD PRESSURE	EPILEPSY	HEART CONDITION	TUBERCULOSIS					
ANEMIA	CANCER	GLAUCOMA	JAUNDICE	OTHER:					
ARTHRITIS	DIABETES	HAY FEVER	SINUS						
ASTHMA	INSULIN Y / N	HEPATITIS	STROKE						
CURRENTLY BEING TREATED FOR?									
CURRENT MEDICATIONS/DOSAGE/FREQUENCY/LOCATED					CURRENT MEDICATIONS/DOSAGE/FREQUENCY/LOCATED				
NAME OF DOCTOR			TELEPHONE NUMBER		NAME OF DOCTOR			TELEPHONE NUMBER	
NAME OF DOCTOR			TELEPHONE NUMBER		NAME OF DOCTOR			TELEPHONE NUMBER	
<b>ALLERGIES TO MEDICATIONS</b>									
<b>LAST HOSPITALIZATION</b>									
HOSPITAL	LOCATION			YEAR	PATIENT #				
LIVING WILL	<input type="checkbox"/>	ORGAN DONOR			<input type="checkbox"/>				
REFER TO:					REFER TO:				
<b>MEDICAL COVERAGE</b>									
BLUE CROSS #	BLUE SHIELD #	MEDICARE #							
MEDICAID #	OTHER	POLICY #							
IN CASE OF EMERGENCY - NOTIFY					RELATIONSHIP				
STREET ADDRESS			APT	CITY	STATE	ZIP	PHONE		

**PLACE ON FRONT OF REFRIGERATOR AND UPDATE AS NEEDED**