

VIAL OF LIFE

Date Completed: _____

(PRINT CLEARLY)

First Name		Initial	Last Name			Social Security Number	
Number & Street		City	State	Zip		Telephone	
Date of Birth	Male - Female	Height	Weight	Hair Color	Eye Color	Blood Type	Religion
List Hearing Difficulties:						Dentures Upper <input type="checkbox"/> Lower <input type="checkbox"/>	Able to Speak Yes <input type="checkbox"/> No <input type="checkbox"/>
List Vision Difficulties:						Language in not English	
Identifying Marks:							
Current Medical Conditions:							
Past Medical Conditions:							
Current Medications: (Dosage & Frequency)							
Allergies to Medications:							
Doctors Name and Telephone Number:							
Last Hospitalization:							
Special Instructions such as health directives, etc...							
Health Insurance Policy:							
EMERGENCY CONTACT NOTIFICATION - Name, Address, Phone, Relationship							
PLACE ON REFRIGERATOR DOOR							

How to Prepare a VIAL of LIFE

1. Fill out the Vial of Life form - to the best of your ability
2. Tape 1 logo below to the front of a Plastic Bag
(recommend using large freezer bag)
3. Place completed Vial of Life form into above bag.
Also include: Copy EKG, Living Will or equivalent,
DNR, Recent Picture of yourself or any documentation
that can help in the situation.
4. Tape completed bag to the front of your refrigerator with
Vial of Life logo visible to responders.
5. Tape the second Vial of Life logo to a location that will
catch a responders eye. (front door, door to bedroom, etc.)

VIAL of LIFE

Logo

