Vial of Life Project

A Public Charity

Sponsored by **American Senior Safety Agency 888-473-2800**

1. Fill out the Vial of Life form

- Fill out the vial form located on reverse side. Answer all or any pertinent questions.
- Make blank copies of this form to keep information current or go to www.vialoflife.com to maintain and store updated information.

2. Place decal on front of a plastic baggie

- Place filled out vial form in the plastic baggie.

  You may also consider placing the following items in the baggie.

  - Copy of EKG
  - Living Will or equivalent
  - DNR (Do Not Resuscitate)
  - Recent picture of self

3. Place the baggie on your refrigerator door

- Securely tape plastic baggie to front of refrigerator door.
- Place plastic baggie at eye level so that anyone responding to a medical emergency can find complete medical information.

4. Place the second decal on your front door

- Place second decal on the front door or window for easy visiblity by anyone responding to a medical emergency..

For convenience maintain this information at www.VialofLife.com

Date Completed _____

VIALOFLIFE.com

1-888-724-1200

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

List hearing difficulties

List vision difficulties

DENTURES UPPER LOWER

UNABLE TO SPEAK ☐

NATIVE LANGUAGE IF NOT ENGLISH

Identifying Marks

Current Medical Conditions

Past Medical Conditions

Current Medications: Dosage and 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 - PLEASE PRINT CLEARLY

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