



---

---

## Vial of Life Information

### Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

PERSONAL PHYSICIAN \_\_\_\_\_ PHYSICIAN PHONE \_\_\_\_\_ HOSPITAL PREFERENCE \_\_\_\_\_

### MEDICAL INFORMATION

Do you have an active Do Not Resuscitate (DNR)?  Yes  No  
*Please attach*

Do you have an Advanced Health Care Directive?  Yes  No  
*Please attach*

Have you appointed a Medical Power of Attorney for healthcare?  Yes  No  
*Please attach*

### Medical History

---

---

---

---

---

## Medications

---

---

---

---

---

## Medicine Allergies

---

---

---

The Frederick-Firestone Fire Protection District supports a Vial of Life Program throughout the areas within our jurisdiction. The Vial of Life is a small container that contains a Medical History Form. The Vial of Life Program is designed to help provide emergency responders with immediate patient information in the event of a medical emergency. This has been accomplished by developing a standardized method for the storage and identification of vital medical information. The program consists of training, standardized container and medical information sheet.

### **Instructions and Use**

The first step of participating in the program is to complete the medical information sheet, it is very important to print all information as clearly as possible and to consult with your Doctor if you are unable to answer specific medical questions. After the medical information sheet is completed, it is placed inside of the plastic bag. Bright colored "Vial Alert Stickers" are then placed on the bag and the refrigerator door. As nearly all homes have a refrigerator that can be easily located, the top shelf of the refrigerator has been adopted as the standard storage location.

### **Items to Include in the Bag**

- |   |  |
|---|--|
| <input type="checkbox"/> Personal Information sheet for each person | <input type="checkbox"/> Copy of last EKG            |
| <input type="checkbox"/> Living Will                                | <input type="checkbox"/> Do Not Resuscitate Document |
| <input type="checkbox"/> Advanced Health Care Directive (DNR)       | <input type="checkbox"/> List of Medications / Doses |
| <input type="checkbox"/> Medical Power of Attorney for Healthcare   | <input type="checkbox"/> Driver's License            |
| <input type="checkbox"/> Copy of Insurance cards                    |  |

In the event of an emergency, rescuers will gather the vial of life bag. Since the Fire Department sponsors this program, they are familiar with the location and purpose. Once the bag is retrieved, life saving information may be obtained, even if the patient is unable to speak. The information contained inside the bag will identify the patient's current medical history, allergies and medications, as well as insurance information and who to contact in the event of an emergency.

The Vial of Life Program is designed to speak for you when you are unable to speak for yourself. The information contained within the vial will provide pre-hospital and hospital providers with essential details that will aid in providing appropriate medical treatment. You may have a separate vial for each member of the household. When more than one vial is used, be sure to place the persons name on the outside of each vial. If you have any questions or wish to request a Vial of Life package, please contact the Frederick-Firestone Fire Protection District at (303) 833.2742.