



“VIAL OF LIFE” PROGRAM

WHAT IS THE VIAL OF LIFE?

The Vial of L.I.F.E is Lifesaving Information For Emergencies. It’s a place for you to store important medical information that Paramedics, Firefighters and Hospital Staff may need in a time of crisis. By completing the attached Vial of L.I.F.E form, you can provide emergency personnel with vital lifesaving information, even if you are unable to. It is very important that you keep this information up to date, accurate, and placed in a prominent spot on your refrigerator. This location was chosen because it’s centrally located and common in all households.

WHAT OTHER INFORMATION SHOULD I KEEP WITH THE VIAL OF LIFE FORM?

The Vial of Life Form and any other health care proxy information should be located together and easily accessible for first responders so that your wishes are followed.

WHY SHOULD I PARTICIPATE?

By participating, you will provide first responders with immediate pertinent information that will aid in the best possible treatment in case of an emergency. When seconds can mean the difference between life and death, the advantages of participation are obvious.

WHO WILL HAVE ACCESS TO THIS INFORMATION?

Medical providers such as fire department, police and ambulance squads will have access. This information will then be given to medical personnel at the treating hospital. At no time will this information be shared with anyone but those providing medical aid. Prior to this, it should be kept on the refrigerator where medical personnel will be able to find it upon their arrival.

WHERE DO I PLACE THE VIAL OF LIFE?

It might sound repetitive but again, this form should be affixed to your refrigerator.

HOW WILL EMERGENCY PERSONNEL KNOW I AM PARTICIPATING?

North Massapequa Firefighters and Emergency Medical Personnel have been trained to check the refrigerator when no one is capable of giving health information.

HOW DO I GET ADDITIONAL FORMS?

Additional forms can be downloaded from the North Massapequa Fire Department website at:
www.nmfd-660.com

HOW OFTEN SHOULD I UPDATE THE INFORMATION?

It is important to update and maintain current information. If there is a medication change or any other problems that should be noted, make changes on the form or get a new form.

One last note, this program can only succeed with your help. Please tell a family member, tell your friends, but most important please participate. The life you save could be your own.

**Thank you,
The North Massapequa Fire Department**



Date Completed: _____

VIAL OF LIFE

MEDICAL INFORMATION FORM: This form should be readily available for responding fire crews.

NAME: _____ Phone # _____

ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT #: _____

PRIMARY DOCTOR NAME: _____ DOCTORS PHONE # _____

CURRENT MEDICAL HISTORY: _____

CURRENT MEDICAL CONDITIONS:

<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Anemia	<input type="checkbox"/> Dementia	<input type="checkbox"/> Internal Defibrillator
<input type="checkbox"/> Asthma	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Low Blood Pressure
<input type="checkbox"/> Angina	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Pacemaker
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Seizures
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Stroke
<input type="checkbox"/> COPD	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Other	<input type="checkbox"/> Hepatitis	

CURRENT MEDICATIONS AND DOSAGES:

MEDICATION	DOSAGE	LOCATION

ALLERGIES:

ANY ADDITIONAL INFORMATION:

I certify that the information on these forms is accurate and up-to-date. I authorize medical care for myself and my family in the event of illness or injury.

Signature: _____

Print Name: _____