

Vial of Life Project

A Public Charity

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

1. Fill out the Vial of Life form



VIALOFLIFE.COM 1-888-724-1200
American Senior Safety Agency - Medical Alerts 1-888-473-2800

First Name: _____ Last Name: _____ Date Completed: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

Emergency Contacts: _____
Next of Kin: _____
Medical History: _____
Current Medical Conditions: _____
Medications: _____
Allergies: _____
DNR: _____
Living Will: _____
Recent Picture: _____

- 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
- DNR (Do Not Resuscitate)
- Living Will or equivalent
- 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 visibility by anyone responding to a medical emergency..

For convenience maintain this information at www.VialofLife.com

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					DENTURES UPPER LOWER		UNABLE TO SPEAK <input type="checkbox"/>	
List vision difficulties					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								