



Vial of L.I.F.E.

Medical Information Form



FIRST NAME			INITIAL			LAST NAME			SOCIAL SECURITY NUMBER			
STREET				CITY			STATE		ZIP		TELEPHONE	
DATE OF BIRTH		SEX	HEIGHT	WEIGHT	HAIR COLOR		BLOOD TYPE		RELIGION			
CURRENT MEDICAL CONDITIONS												
PAST MEDICAL CONDITIONS												
CURRENT MEDICATIONS AND DOSAGES												
ALLERGIES TO MEDICATIONS/PRODUCTS												
DOCTORS NAME AND TELEPHONE NUMBER												
SPECIAL INSTRUCTIONS (I.E. ADVANCE MEDICAL DIRECTIVES/POWER OF ATTORNEY)												
HEALTH INSURANCE INFORMATION												
EMERGENCY CONTACT INFORMATION												

Directions:

Complete this form with all pertinent information.

Place form inside the plastic vial provided.

Place the sticker your front door to identify that the Vial for LIFE is available

Place the plastic vial on the top shelf, in the right hand corner, of your refrigerator