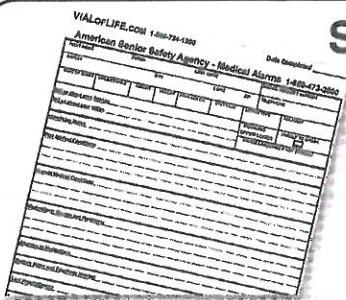


Vial of Life Project

A Public Charity

Sponsored by American Senior Safety Agency (888) 724-1200



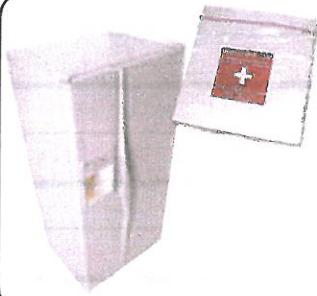
STEP 1: Fill Out the Vial of Life Form

- Fill out the vial form. Answering all the relevant questions will aide EMS during an emergency, but if a question makes you uncomfortable just leave it blank.
- Make blank copies of this form to keep information current or go to www.vialoflife.com to maintain and store updated information.

STEP 2: Place the Decal on the Front of a Plastic Baggie



- Place the form you filled out 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
 - A Recent Picture of Yourself
 - Any Other Item You Feel Would Be Important



STEP 3: Place the Baggie on Your Refrigerator Door

- Securely tape the plastic baggie to the front of the refrigerator door at eye level.
- Place the decal on the baggie so that anyone responding to an emergency can easily see it.



STEP 4: Place the Second Decal on Your Front Door

- Place the second decal on the front door at eye level so it can easily be seen by anyone responding to an emergency.

For convenience maintain this information at www.VialofLife.com
(888) 724-1200

VIALOFLIFE.COM (888) 724-1200

Date Completed _____

Sponsored by

American Senior Safety Agency - Medical Alarms (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	
Tell us about your hearing							DENTURES UPPER LOWER	UNABLE TO SPEAK <input type="checkbox"/>
Tell us about your vision							NATIVE LANGUAGE IF NOT ENGLISH	
Identifying Marks								
Past Medical Conditions								
Current Medical Conditions								
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								