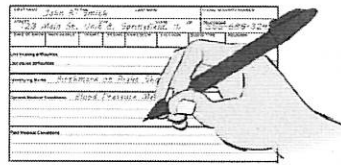




# How to Set Up Your VIAL OF LIFE Kit:

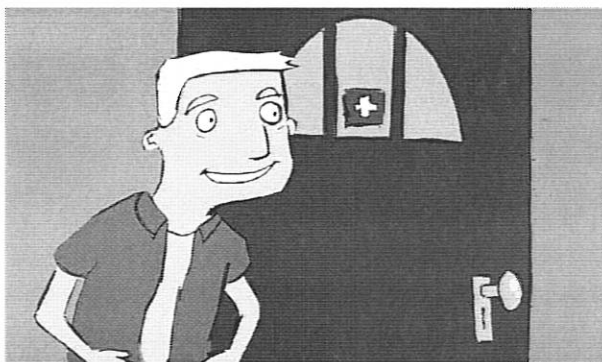
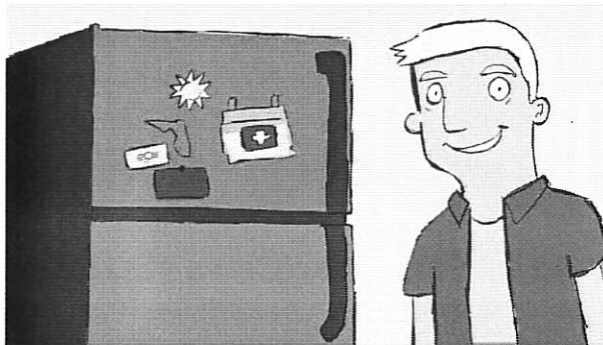
## 1. Fill Out the Vial of Life Form

- Fill out the form located on reverse side. Answer all or any pertinent questions. All fields are optional.
- Make blank copies of this form to keep information current or go to [VialofLife.com](http://VialofLife.com) to maintain and store updated information online.



## 2. Prepare Your Plastic Baggie

- Place one Vial of Life decal on the front of a plastic baggie. Fold filled out form and place in the baggie.
- You may also consider adding the following items: Copy of EKG, DNR (Do Not Resuscitate), Living Will or Equivalent, Recent Picture of Self.



## 3. Place Baggie on Fridge Door

- Securely tape the plastic baggie to the front of your fridge. Place the baggie at eye level so that first responders can easily find your complete medical information.

## 4. Place the Second Decal on Your Front Door

- Place the second decal on your front door at eye level. This lets your local first responders know where your medical information is located.

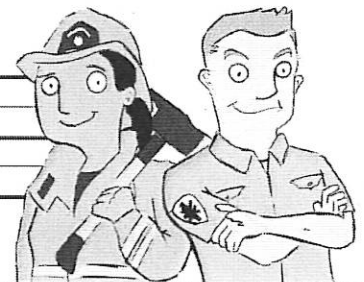
Thanks to the Vial of Life, first responders will have all the medical information they need to best treat you...

### Allergies to Medications

Allergic to Penicillin and Anticonvulsants

### Doctors Name and Telephone Number

Dr. Gerald Johnson 555-688-7787



Save, Update and Print Your Medical Information Online at:

**VIALOFLIFE.com**



# VIAL OF LIFE

## Medical Information Form

VialofLife.com • 1-888-724-1200

**DATE COMPLETED:**

FIRST NAME			INITIAL		LAST NAME			SSN			
STREET				CITY		STATE		ZIP		TELEPHONE	
DOB		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							PRIMARY LANGUAGE (IF NOT ENGLISH)				
Identifying Marks											
Current Medical Conditions											
Past Medical Conditions											
Current Medications: Dosage & Frequency											
Allergies to Medications											
Doctor's Name & Phone Number											
Last Hospitalization											
Special Instructions (Such as Health Directives, Etc..)											
Health Insurance Policy											
Emergency Contact - Name, Address, Phone Number, & Relationship											
<b>PRINT CLEARLY • FOLLOW DIRECTIONS ON BACK TO STORE ON REFRIGERATOR</b>											