

My Precious Kid

participates in



FREE VIAL OF LIFE

VIAL OF LIFE puts vital medical information immediately in the hands of emergency professionals during an emergency situation in your home.

1. Fill out the **VIAL OF LIFE** form. Fill one out for each member of your family and print them out.
2. Put this information and a current **PHOTO ID CARD** inside an empty pill container and attach to the inside top shelf of your refrigerator. Use a rubber band or tape to secure it to the bottom of the shelf.
3. Cut out the emblem and attach one to the bottle and one to your refrigerator door. You can also place one in your lower right window pane of your home front.
4. Tell paramedics you have it and make sure they get it in an emergency.
5. Do the same thing for your glove box of your car.

Keep this form UP-TO-DATE.

Use the back of the form for additional information.

Fill out the form including date completed and PRINT

Include a PHOTO ID card for identification

Fold and place all inside an empty pill bottle.

Place VIAL of LIFE logo on outside of bottle

Place bottle in refrigerator under top shelf with tape or rubber band

Tape Logo on Refrigerator

Tape Logo on front window pane

<http://www.mypreciouskid.com/vial.html>

My Precious Kid Vial of Life Form

PERSONAL INFORMATION

Name: _____ Primary Language _____
Address: _____
Male: _____ Female: _____ Birth date _____
Location of Living Will or DNR _____
Insurance Name/Phone _____
Doctors Name/Phone _____
Medicare # _____ Insurance# _____

MEDICAL HISTORY

AIDS / Anemia / Breathing problems / Cancer / Diabetes / Emphysema
Epilepsy / Eye problems / Heart condition / Hearing problem / Hemophilia
High Blood Pressure / Hypoglycemia / Low Blood Pressure / Pacemaker
Seizures / Stroke / Other _____
Your normal Blood Pressure _____

MEDICATIONS AND DOSAGES

Where are medications kept: _____

ALLERGIES:

Other special health information: _____

Hospital preference: _____

EMERGENCY CONTACTS

Name/Phone to call if you are ill/injured: _____

Name/Phone to call if you are ill/injured: _____

Name/Phone to call if you are ill/injured: _____

I authorize medical care for myself and my family in the event of injury or illness. I certify this form is accurate and up to date. I understand emergency personnel may rely on this and agree to hold the user harmless.

Name: _____ Date: _____