



**Northern Oswego County Ambulance Life Vial Form**

<b>Life Vial Form</b>				<b>In Case of Emergency, Please Notify:</b>					
1. Fill out this form: insert the form and a current photo of yourself into the Life Vial.				Name: _____					
2. Place life vial inside door of refrigerator.				Home Phone: _____					
3. Place magnet on front of refrigerator door.				Cell Phone: _____					
4. Place stickers on inside window of front and back doors of your home.				Business Phone: _____					
Date				<b>Health Information</b>					
Name				<b>Allergies to Medications</b>					
Address				Medication		What type of reaction?			
City, State, Zip									
Phone									
Pharmacy									
Pharmacy Location									
Birthdate									
Male				Female				<b>Other Allergies</b>	
Height				Weight					
Eye Color				Blood Type					
Hair Color				Dentures		Yes		No	
Hearing Aid		L	R	Deaf		L	R	<b>Ever Been Treated For:</b> <i>(Please Check Those Which Apply)</i>	
Blind	Yes	No	Glasses		Yes	No	HIV		Parkinson's Disease
Contact Lenses			Yes		No		Heart Disease		Nervous Disorder
Pacemaker Model				Stroke				Jaundice	
Defibrillator Model				Rheumatic Fever				Asthma	
Social Security Number				Ulcers				Glaucoma	
Primary Physician				Tuberculosis				Prosthesis (Artificial Limb)	
Religious Affiliation				Emphysema/COPD				Broken Bones	
Other Helpful Information in a medical emergency				Lung Disease			Hepatitis		
Organ Donor? Y N Refer to:				Diabetes	Insulin	Y	N	Sinus Issues	
Living Will? Y N Refer to:				Epilepsy (Seizures)			Cancer		
DNR				Anemia			Blood Clotting Disorder		
<b>Insurance Coverage</b>									
Medicare #				Medicaid #					
Other Insurance/HMO				Other Insurance/HMO					
Policy #				Policy #					



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<b>1. Medication Name</b>	<b>12. Medication Name</b>
Dosage	Dosage
Frequency	Frequency
Location	Location
<b>2. Medication Name</b>	<b>13. Medication Name</b>
Dosage	Dosage
Frequency	Frequency
Location	Location
<b>3. Medication Name</b>	<b>14. Medication Name</b>
Dosage	Dosage
Frequency	Frequency
Location	Location
<b>4. Medication Name</b>	<b>15. Medication Name</b>
Dosage	Dosage
Frequency	Frequency
Location	Location
<b>5. Medication Name</b>	<b>16. Medication Name</b>
Dosage	Dosage
Frequency	Frequency
Location	Location
<b>6. Medication Name</b>	<b>17. Medication Name</b>
Dosage	Dosage
Frequency	Frequency
Location	Location
<b>7. Medication Name</b>	<b>18. Medication Name</b>
Dosage	Dosage
Frequency	Frequency
Location	Location
<b>8. Medication Name</b>	<b>19. Medication Name</b>
Dosage	Dosage
Frequency	Frequency
Location	Location
<b>9. Medication Name</b>	<b>20. Medication Name</b>
Dosage	Dosage
Frequency	Frequency
Location	Location
<b>10. Medication Name</b>	<b>21. Medication Name</b>
Dosage	Dosage
Frequency	Frequency
Location	Location
<b>11. Medication Name</b>	<b>22. Medication Name</b>
Dosage	Dosage
Frequency	Frequency
Location	Location