



911 Vial Medical Information

Date Completed: _____

Complete this form and place into the 911 Vial. Store the vial in a visible spot in your refrigerator door shelf. Place the 911 Alert stickers, one on or near the front door at eye level, the other on the refrigerator. Please be sure to update the information frequently as needed. Please make a copy and have an extra for caretakers to take to the hospital if needed.

First Name: _____ MI: _____ Last: _____ Age: _____

Address: _____ Phone Number: _____

Male: _____ Female: _____ Date of Birth: _____ Social Security: _____

Primary Care Physician: _____ Phone: _____

Secondary Physician: _____ Phone: _____

Primary Emergency Contact: _____ Relation: _____

Phone: _____ Alternate Phone: _____

Address: _____

Insurance Provider: _____ Policy: _____

Health Information - Allergies to Medication: _____

Medical History: Describe any prior history of heart problems, stroke, major surgeries, diabetic, cancer, high blood pressure, emphysema, COPD, seizures, hepatitis, HIV, or any other problems that might be beneficial for treatment. Please give an approximate date you were diagnosed:

Do you have "Do Not Resuscitate Orders" (DNR) or "Physicians Orders for life Sustaining Treatment" (POLST) Yes _____ No _____

This is not a Living Will. We cannot honor a living will in an emergency setting. You can get a DNR order or POLST from your private doctor. Please store a copy with the 911 Vial and place the original out for us.

Additional Contacts

Emergency: _____ Relation: _____ Phone: _____

Family: _____ Relation: _____ Phone: _____

Family: _____ Relation: _____ Phone: _____

Other: _____ Relation: _____ Phone: _____

Other: _____ Relation: _____ Phone: _____

911 Vial List of Medications

It is important to keep this information up-to-date Date Completed: _____

Medication: _____ Dosage: _____
Taken For: _____
Frequency: _____ Where Kept: _____

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