VIAL OF L.I.F.E.

INFORMATION AND INSTRUCTIONS

The “Vial of L.I.F.E.” program is a collaborative effort supported by Sutter Health (Marin General Hospital and Novato Community Hospital), Kaiser Permanente and the County of Marin. The program is intended to provide community members with a method to store medical information in the home.

The “Vial of L.I.F.E.” kit enables emergency responders (firefighters, police officers and paramedics) to obtain helpful information regarding a patient’s medical history. The kit includes a small plastic vial, a magnet for the refrigerator door, a sticker for the front door, a medical information form and a small piece of Velcro. By completing the medical information form and storing the vial correctly, you can provide vital life-saving information even if you are unable to speak to the emergency responders.

How to use the Vial of L.I.F.E.

1. Complete the medical information form in English. The form must be legible to be beneficial to medical personnel. Be sure to keep the information up-to-date and accurate.
2. Be sure to **sign and date** the form.
3. If available, attach a recent photograph (or photocopy of your driver’s license) to the form.
4. Place the medical information form into the vial and attach the cap.
5. Place the vial on a shelf in the door of your refrigerator.
6. Place the magnet on the outside of the refrigerator in a prominent location. If the magnet does not stick to the door, use the self adhesive Velcro strip. Place one piece on the magnet and the other on the door.
7. Place the Vial of L.I.F.E. sticker on or near your front door where it is clearly visible to emergency responders.
8. Update the form whenever your medical history or medications change. Review the form at least twice per year when you change your smoke detector batteries.

Blank forms may be obtained from your physician, local fire station, or downloaded at www.marincountyfire.org

Contact your physician or local fire station if you have any questions.

Marin General Hospital
Novato Community Hospital
Sutter Health Affiliates
With You. For Life.

COUNTY OF MARIN

KAISER PERMANENTE

VIAL OF L.I.F.E.

Lifesaving **I**nformation **F**or **E**mergencies

PATIENT INFORMATION:

Name:		Date of Birth:	
Address:		Gender (circle one): Male Female	
City:	State:	Zip Code:	
Social Security No.:		Phone: ( )	

Primary medical problems:		
Doctors name:	Doctors phone:	
Hospital preference:	Have you been a patient there? (circle one) Yes No	
Medicare #:	Other health insurance:	Policy #

HEALTH INFORMATION

Current medications / Dose
(If you need to list others, please attach list to this form)

Medical Problems:

☐ Heart	☐ Diabetes	☐ AIDS
☐ Asthma	☐ AIDS	☐ Anemia
☐ Seizures	☐ Pacemaker	☐ Glaucoma
☐ Cancer	☐ Hypoglycemia	☐ Epilepsy
☐ Hemophilia	☐ Emphysema	☐ Stroke
☐ High Blood Pressure	☐ Low Blood Pressure	
☐ Other (list)		

Allergies to Medication:
Do you have an Advanced Directive or DNR? (circle one) Yes No Where is it?

EMERGENCY CONTACTS:

Name	Relationship:	Phone:
Name	Relationship:	Phone:

I certify that the information on this form is accurate and up-to-date. I also understand that emergency personnel may rely on this information and I agree not to hold emergency personnel responsible for inaccurate or out of date information.

SIGNATURE (REQUIRED) _____ **DATE COMPLETED** _____

PLEASE ATTACH A RECENT PHOTOGRAPH AND LIST OF ANY OTHER INFORMATION TO THIS FORM
Additional forms may be obtained from your physician, fire station or downloaded at www.marincountyfire.org