

Lions Message in a Bottle Information Form

Personal details (Please Print clearly)

Last Name	<input type="text"/>	Gender	<input type="text"/>
First Name	<input type="text"/>	Age	<input type="text"/>
Date of Birth	<input type="text"/>	ZIP code	<input type="text"/>
Preferred Language	<input type="text"/>	Cell Phone	<input type="text"/>
Do you have a Medic Alert pendant or bracelet?			
Member #	<input type="text"/>		

Diagnosis/Conditions I have:

Do you take medicine for...?

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dementia | <input type="checkbox"/> Heart Problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Parkinson's | <input type="checkbox"/> Anti-Coagulant |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Motor-Neurone (MN) | <input type="checkbox"/> MS (Multiple Sclerosis) |
| <input type="checkbox"/> Other | <input type="checkbox"/> I have communication problems | <input type="checkbox"/> I need hearing aids |

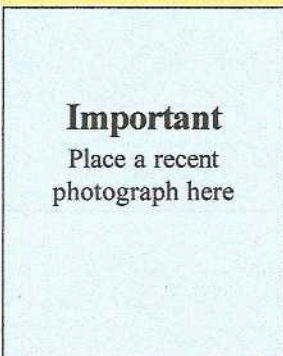
Your Medication-Where do you keep your medication?

Room

Important Keep your repeat prescriptions with your medications in a box.

List your medications including supplements:

Photograph



First Responders will use this photograph to ensure they are treating the correct individual. Please use a photograph that shows full face for easy identification.

Illness-Detail any illness or drug therapy that affect emergency treatment

Allergic reaction to medication-Detail any allergic reaction to medication you have taken.

Allergies-Detail any allergies you have

Your Doctor's information

Name

Address

Phone:

Your Caregiver's information

Name

Address

Phone:

If your caregiver is part of an organization please provide the organization's name and phone #

Name: Phone:

Emergency Contact 1

Name Relationship:

Address

Phone:

Emergency Contact 2

Name Relationship:

Address

Phone:

Further Key Details (optional)

Advance Directive/Medical Power of Attorney

Check the boxes that apply to your arrangements

I have: **Advanced Directive** **Medical Power of Attorney**

Do not resuscitate order

Where are they located?

Data Protection Permission to share information with relevant emergency and health care provider. (Please check one box)
 Yes No

Insurance Information

I am covered by Private Insurance Medicare Medicaid

If private insurance, name of provider _____

Please remember to ...

1. Ensure the form is completed, dated and signed.
2. A separate form must be completed for each person in the household who lives with an illness or allergy: ask for extra forms when you receive your pack.
3. Place the bottle in your freezer, in a door compartment where it will be safe and **quickly found**.
4. Place magnet on the outside of the fridge door.
5. It is best to have the prescription with your medication.

Pets Do you have any pets at home and if so, what kind?

Are there any other details that may be required by first responders?

Special instructions concerning your medication | Special medical aids | Communication difficulties | Religion | Hearing or visual problems?

If you have a personal information folder, it contains important information that will help First Responders/Hospital staff. Please list it

This form was completed by _____

Relationship (if not completed by you) _____

All the information is correct to the best of my knowledge and I accept that it is my responsibility to ensure that ALL the information on this form is kept up to date.

Signed _____ Print Name _____

Date _____

Lions Message in a Bottle

The bottle found in the freezer



We serve - We care

Sponsored by the Point Venture Lions Club

This is a voluntary program for anyone living at home, who might be reassured to know that essential information would be readily available to the First Responders, not only to identify you, but to advise on relevant illnesses, allergies, medication and contact addresses, should you suffer an accident or sudden illness.

When time is saved, lives are saved

When First Responders see medical information and personal details of a patient, they can then render safer and speedier First Aid by short cutting time-consuming fact-finding enquiries about the patient.

What do you have to do?

Complete the form in ballpoint pen using **BLOCK CAPITALS**. Date and sign the form before placing it in the bottle.

A separate form must be filled in for each person in the household who has an illness or allergy; ask for extra forms when you receive your pack.

Supported by

EMS, Police, Fire & Rescue Services

Disclaimer Lions Clubs International does not accept any responsibility for the details inserted on this form or for any additional paperwork included in the bottle.

