



This form was completed by _____

Relationship if not completed by you _____

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

Signed _____

Date _____

Print Name _____

Final Instructions

1. Ensure the form is completed, dated and signed.
2. A separate form must be completed for each person in the household who suffers an illness or allergy; ask for extra forms when you receive your pack.
3. Place the bottle in your fridge, IN A DOOR COMPARTMENT, where it will be safe and quickly found.
4. Stick one label on the outside of the fridge door.
5. Stick the other label on the **INSIDE OF YOUR FRONT DOOR** at eye level (place so that it's not visible from the outside) and in line with the door lock if possible.
6. Ensure that your current repeat prescription is with your medication.
7. Keep Medication in a box.

Are there any other details that may be required by the emergency services?

(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 health and social care staff.

Sponsored by

Your Local Lions Club

This is a voluntary scheme for anyone living at home, who might be reassured to know that essential information would be readily available to the Emergency Services should they suffer an accident or sudden illness. The scheme ensures that vital information is available not only to identify you, but to advise of relevant illnesses, allergies, medication and contact addresses.

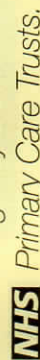
When time is saved, lives are saved

When emergency services see medical information and personal details of a patient they can 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 overleaf in ballpoint pen using BLOCK CAPITALS. Complete the back page, date and sign the form before placing in the bottle. A separate form must be filled in for each person in the household who suffers an illness or allergy; ask for extra forms when you receive your pack.

Supported by Ambulance, Police, Fire & Rescue Services. Emergency Doctors



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.

Personal Details

Surname _____
First Name _____
Date of Birth _____
Male/Female _____
Hair Colour _____
Eye Colour _____
NHS No. _____
Address _____
Postcode _____

Illness

Detail any illness or drug therapy that might affect emergency treatment

Allergic Reaction to Medication

Detail any allergic reaction to medication you suffer from

Allergies

Detail any allergies you suffer from

Do you take medicine for:

Asthma Anti Coagulant
Diabetes Heart Problem
Epilepsy Please Tick Box
Other _____

Your Medication

Where do you keep your medication:

Floor (ground/1st) _____
Room _____
Location _____

IMPORTANT Always keep your repeat prescription with your medication. Keep medication in a box.

Your Doctor's Details

Name of GP _____
Practice Address _____

Telephone _____

Do you have any pets at home?

Yes No
What type of pet? _____

Your Carer / Health Visitor Details

Name _____
Organisation _____
Address _____

Tel Work _____
Tel Home _____
Mobile _____

The following person relies on me for daily care and will require someone to care for them or collect them from school

Name _____
Address _____

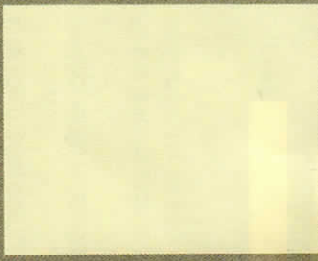
Tel Work _____
Tel Home _____
Mobile _____

Have you any distinguishing marks?

Do you have a donor card?

Yes No
Where do you keep it? _____

Photograph



Place your photograph here if more than one persons information is stored in the bottle.

Emergency Contact Person (1)

Name _____
Relationship _____
Address _____

Tel Work _____
Tel Home _____
Mobile _____

Emergency Contact Person (2)

Name _____
Relationship _____
Address _____

Tel Work _____
Tel Home _____
Mobile _____