

# Lions Message in a Bottle Information Form

## Personal details (Please Print clearly)

Last Name  Gender

First Name  Age

Date of Birth  ZIP code

Preferred Language  Cell Phone

Do you have a Medic Alert pendant or bracelet?

Member #

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

### Important

Place a recent photograph here

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 Lago Vista 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.

