

Personal Information Form

Preparation is the best Prevention

Cut along dotted line and place in Vial Of Life tube.

Place Vial in top shelf of refrigerator.

Place Vial Of Life magnet on door of refrigerator door.

The Vial Of Life provides important medical information about you to the medical personnel in an emergency situation where you are unable speak.

Please fill out the personal information form and the medical history form.

Fill out a form for each member of the family.

Do you have a:

DNR

If yes check one. EMS must have this document in hand in order to honor your request. Please indicate the location of your documents.

Vial Of Life

Sycamore Township
EMS Fire Department
Hamilton County Sheriff's Office

Name: _____

Address: _____

Phone: _____

Social Security No. _____

Religion: _____ Male
 Female

Primary Doctor: _____

Doctors Phone: _____

Which hospital do you prefer to receive medical care.

Hosp. _____

Medicare No. _____

Secondary Insurance/Policy No. _____

In case of Emergency / Notify:

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Power of Attorney Notify:

Name: _____

Phone: _____ Relationship: _____

Alternative Contact, _____
Cell phone, pager,
office, etc. number _____

DNR DNR Comfort Care Living Will

Location: _____

Sycamore Township
Fire* EMS* Rescue



Any questions about the Vial Of Life Program please call the fire station at (513) 792-8565

Station locations:
8540 Kenwood Rd (South Syc)
11745 Solzman Rd (North Syc)

Additional Vial Of Life tubes or refrigerator magnets can be picked up at either Sycamore Fire Department locations.

Hospital of choice

Please understand we want to take you to the hospital of your choice. However, If your health is at risk your choice of hospital may be too far to travel. It is imperative that we get you to the closest hospital based on your condition. Our EMS personnel will have to make that determination based on your condition.

Clearly Print the information requested. In order for the EMS services to fulfill your request, information must be kept updated

Medical Information Form

Preparation is the best Prevention

Cut along dotted line and place in Vial Of Life tube.

Place Vial in top shelf of refrigerator door.

Place Vial Of Life magnet on door of refrigerator.

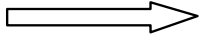
The Vial Of Life provides important medical information about you to the medical personnel in an emergency situation where you are unable speak.

Please fill out the personal information form and the medical history form.

Fill out a form for each member of the family.

More than one vial may be used per household.

Please use this area to put any information that may be useful to the EMS personnel.



Check if you have any of the following:

- Pacemaker Corrective Eyewear Dentures

Do you have any allergies to medications Yes No

If yes, list them: _____

Check all items which for you have been treated

- Heart Disease Past Heart Attack Stroke
 High Blood Pressure Anemia Hepatitis
 Tuberculosis / Lung Disease Epilepsy
 Diabetes Cancer Asthma

List complete medical history _____

List all medications

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list any other information that may be helpful to the EMS service.

Sycamore Township
Fire* EMS* Rescue

S T F D



Any questions about the Vial Of Life Program please call the fire station at (513) 792-8565

Station locations:

8540 Kenwood Rd (South Syc)
11745 Solzman Rd (North Syc)

Additional Vial Of Life tubes or refrigerator magnets can be picked up at any Sycamore Fire Department locations.

Clearly Print the information requested. In order for the EMS services to fulfill your request, information must be kept updated