

<u>Personal Details</u>		<u>Do you take medicine for</u>		<u>Distinguishing marks:</u>	<u>Emergency Contact Person #1</u>	
Surname:		any of these conditions?				
Given Name:		Asthma			Name:	
Date of Birth:		Anticoagulant			Relationship to you:	
Male/Female:		Diabetes		Your Medication	Address:	
Weight:		Epilepsy		(Location of medication?)		
Hair Colour:		Heart Problems		Which Floor?		
Eye Colour:		Other (specify below)		Room?	Work Phone:	
Are you a registered organ donor?				Where in room?	Home Phone:	
YES or NO					Cell Phone:	
Health Card #:						
<u>Photograph</u>		<u>Medical Conditions</u>		<u>Medication List</u>	<u>Emergency Contact Person #2</u>	
Place photograph here to help confirm identity or if bottle used for more than one person (optional)		Detail any illness or drug therapy that might affect emergency treatment		(include list from pharmacy, or print name, dose, and strength of each medication)	Name:	
					Relationship to you:	
					Address:	
					Work Phone:	
		Allergies			Home Phone:	
		Detail any allergies or allergic reactions to medications:			Cell Phone:	
<u>Home Address</u>						
					Do you have a Personal Information	
					Folder?	Yes/No?
Postal Code:					<i>***Please ensure your Emergency Contact people know where to locate this information.***</i>	
Home Phone:		Do you have a Do Not				
Your Doctor's Details		Resuscitate (DNR) order?				
Name of GP:		YES	NO		Any other information which might be helpful in an emergency?	
Address:		<i>Where is the original DNR kept? Ensure your Emergency Contacts are aware of your wishes.</i>				
Phone:						

For information about the **Lions Message in a Bottle program**, extra bottles, stickers, forms, or to schedule a presentation please contact info@winchesterlions.com

This form was completed by _____

All 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 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. Extra forms are available, see Lions contact info below.
- 3) **PLACE THE BOTTLE INSIDE YOUR FRIDGE ON THE DOOR.** where it will be safe and quickly found.
- 4) Put **ONE GREEN STICKER ON THE OUTSIDE OF THE FRIDGE DOOR.**
- 5) Put **THE OTHER STICKER ON THE INSIDE OF YOUR FRONT DOOR** (at eye level if possible).
- 6) Update whenever your medications or situation changes!

Are there any other details that may be required by Emergency services? (Special medical instructions, medical aids, communication difficulties, Religion, hearing or visual problems?)

We thank the following businesses for their generous support of this program

Chesterville
RxPharmaChoice *Advice for Life*
21 Main St. North
P.O. Box 118
Chesterville, ON K0C 1H0

SEAWAY VALLEY
RxPharmaChoice
Downtown Winchester
507 Main St.
Winchester, ON K0C 2K0
613.774.2633 | f. 613.774.2034

Supported by local Ambulance,
Fire & Rescue Services



Lions Message in a Bottle



Brought to you by our sponsors and your local Lions Club in North Dundas

Ordinary people

Amazing things

This is a voluntary program for anyone living at home, who might be reassured to know that essential information would be available to the Emergency

Services should they suffer an accident or sudden illness. The program ensures that vital information is available not only to identify you, but to advise of illnesses, medications, allergies and contact information.

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 cutting time-consuming fact-finding inquiries about the patient.

What do you have to do?

Complete the form on the left side in ballpoint pen using BLOCK CAPITALS. Complete the medical information questionnaire (see reverse). Sign and date before placing in the bottle. A separate form must be completed for each person in the household. Extra forms available.

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