

<u>Personal Details</u>		<u>Do you take medicine for</u>		<u>Distinguishing marks:</u>	<u>Emergency Contact Person #1</u>	
Surname:		<u>any of these conditions?</u>				
Given/usual 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? YES or NO				Location?	Home Phone:	
				Location?	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		Detail any illness or drug therapy that might affect emergency treatment		(include name, dose, and strength of medication)	Name:	
					Relationship to you:	
					Address:	
					Work Phone:	
					Home Phone:	
					Cell Phone:	
Home Address					Do you have a Personal Information	
					Folder?	Yes/No?
Postal Code:					***Please ensure your Emergency Contact people know where to locate this information.***	
Home Phone:		Do you have a Do Not				
Your Doctor's Details		Resuscitate (DNR) order?			Any other information which might be helpful in an emergency?	
Name of GP:		YES	NO			
Address:		If yes, please put original in the bottle. Paramedics & Doctors require original.				
Phone:						

For information about the **Lions Message in a Bottle program**, extra bottles, stickers, forms, or to schedule a presentation please contact **lionsmessageinabottle@gmail.com** or call **613-850-9879**

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).

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

The Russell Lions Club thanks the following business for their generous support of this program

EMBRUN



PHARMACY

MEDICAL

Bottles and forms available at this location.

934 Notre Dame St., Embrun

Lions Message in a Bottle



Ordinary people

Amazing things

Sponsored By
The Russell Lions Club

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.

Supported by Ambulance, Fire, Rescue Services and Emergency Doctors



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