



VIAL OF LIFE PROGRAM EMERGENCY INFORMATION

DATE:	Name:
Telephone Number(s) Home: Work:	ADDRESS
Date of Birth	Male Female
Next of Kin:	Health Card # Expiry date:
Family Doctor Name: Phone:	

Persons to be Contacted in an Emergency

#1

Name:	Tel. # Home
Address:	Tel. # Work
Relationship:	

#2

Name:	Tel. # Home
Address:	Tel. # Work
Relationship:	

Pharmacy _____
Phone _____

MEDICAL HISTORY and MEDICATIONS

must be updated regularly, particularly after a visit to your doctor.

➤ *Record with a DARK pencil*

➤ *Include over the counter drugs and prescriptions*

Health History: Present medical conditions	Medications: Names of Drugs and the Dosages
1.	
2	
3	
4	
5	
6	
7	
8	
9	
10.	
Allergies: Medications, foods etc. Give details	
1.	
2.	
3.	
4.	
5.	
Information updated on: Day Month Year	ALL Medications should be kept in ONE place. My medications are located;