

Personal Details

Surname
First Name
Date of Birth
Male/Female
Hair Colour
Eye Colour
NHS No.
Address
.....
.....
Post Code

Illness

Detail any illness or drug therapy that might affect emergency treatment
.....
.....
.....

Allergic Reaction to Medication

Detail any allergic reaction to medication you suffer from
.....
.....
.....

Allergies

Detail any allergies you suffer from
.....
.....
.....

Do you take medicine for:

Asthma Anti-Coagulant
Diabetes Heart Problem
Epilepsy Please tick box
Other
.....
.....

Your Medication

Where do you keep your medication:
Floor (ground/1st)
Room
Location

IMPORTANT Always keep your repeat prescription with your medication.
Keep medication in a box.

Your Doctors details

Name of GP:
Practise Address
.....
.....

Do you have any pets at home?

Yes No
What type of pet?
.....
.....

Your Carer / Health Visitor Details

Name
Organisation
Address
.....
.....
Tel Work
Tel Home
Mobile

The following person relies on me for daily care and will require someone to care for them or collect them from school.

Name
Address
.....
.....
Tel Work
Tel Home
Mobile

Have you any distinguishing marks?

.....
.....

Do you have donor card?

Yes No
Where do you keep it?
.....

Photograph

Place your photograph here if more than one persons information is stored in the bottle

Emergency Contact Person (1)

Name
Relationship
Address
.....
.....
Tel Work
Tel Home
Mobile

Emergency Contact Person (2)

Name
Relationship
Address
.....
.....
Tel Work
Tel Home
Mobile

This form was completed by
Relationship if not completed by you

All the information is correct to the best of my knowledge and accept that it is my responsibility to ensure that **ALL** the information on this form is kept 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 who suffers an illness or allergy: ask for extra forms when you receive your pack.
3. Place the bottle in your fridge, IN A DOOR COMPARTMENT, where it will be safe and quickly found.
4. Stick on label on the outside of the fridge door.
5. Stick the other label on the INSIDE OF YOUR FRONT DOOR at eye level (place so that's its visible from the outside) and in line with your door lock if possible.
6. Ensure that your current prescription is with your medication.
7. Keep medication in a box.

Are there any other details that may be required by the emergency services?

(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 health and social care staff.



Lions Message in a Bottle Sponsored by Your Local Lions Club



This is a voluntary scheme for anyone living at home, who might be reassured to know that essential information would be readily available to the Emergency Services should they suffer an accident or sudden illness. The scheme ensures that vital information is available not only to identify you, but to advise or relevant illnesses, allergies, medication and contact addresses.

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 short cutting time consuming fact-finding enquiries about the patient.

What do you have to do?

Complete the form overleaf in ballpoint pen using BLOCK CAPITALS. Complete the back page, date and sign the form before placing in the bottle. A separate form must be filled in for each person in the household who suffers an illness or allergy; ask for extra forms when you receive your pack.

Supported by Ambulance, Police, Fire & Rescue Services. Emergency Doctors NHS Primary Care Trusts

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.