



VIAL OF LIFE PROGRAM EMERGENCY INFORMATION

DATE:	NAME:
Telephone (indicate home, work, cell):	Address:
Date of birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Health Card #: Expiry Date:	Next of kin:
Family doctor (name and telephone #)	
Pharmacy (name and telephone #)	

PEOPLE TO BE CONTACTED IN AN EMERGENCY

#1

Name:	Telephone # (home):
Relationship:	Telephone # (work):
Address:	

#2

Name:	Telephone # (home):
Relationship:	Telephone # (work):
Address:	

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 dosages) *put extras on another sheet and place in Vial
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.

ALLERGIES (medications, foods, etc. – give details)	
1.	2.
3.	4.
5.	6.

Information last update on (dd/mm/yyyy)	All medications should be kept in ONE place. My medications are located:
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