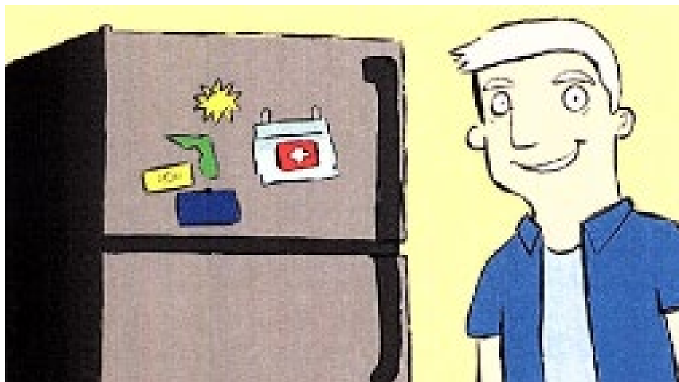
CANYON LAKE
PROPERTY OWNERS ASSOCIATION

VIAL OF LIFE
MAY SAVE YOUR LIFE!

How to Set Up Your Vial of Life Kit:

1. Fill out the Vial of Life Form

- Fill out the Vial of Life form and answer all or any pertinent questions.
- Make blank copies of this form to keep information current.



2. Prepare Your Baggie

- Place Vial of Life sticker on the front of the bag. Fold filled out form and place in the baggie.
- You may also consider placing the following items in the baggie: Copy of EKG, DNR (Do Not Resuscitate), Living Will or equivalent, Recent picture of Self.

3. Place Baggie on Fridge Door

- Securely tape the plastic baggie to front of refrigerator door. Place plastic baggie at eye level so that anyone responding to a medical emergency can find complete medical information.

4. Place Second Sticker on Front Door

- Place the second sticker on the front door or window for easy visibility by anyone responding to a medical emergency.

CANYON LAKE
PROPERTY OWNERS ASSOCIATION

Vial of Life

Medical Information Form

Date Completed:

First Name	**Initial**	**Last Name**	**Pets in home (names):**

Street	**City**	**State**	**Zip**

DOB	**Male/Female**	**Blood Type**	**Telephone:**

Current Medical Conditions
Current Medications: Dosage and Frequency
Allergies to Medication
Doctors Name and Phone Number
Last Hospitalization
Special Direction: Health Directives, etc.
Health Insurance Policy
Emergency Contact: Name, Address, Phone Number, and Relationship

PLEASE FILL OUT BOTH SIDES OF THIS FORM

CANYON LAKE
PROPERTY OWNERS ASSOCIATION

- ☐ Pacemaker (Model #) ____
- ☐ Defibrillator (Model #) ____
- ☐ Hearing Aid; Deaf
- ☐ Contact Lenses
- ☐ Eyeglasses
- ☐ Artificial Eye

Medical Data

- ☐ No known medical conditions
- ☐ Hemolytic Anemia
- ☐ HIV/AIDS
- ☐ Adrenal Insufficiency
- ☐ Hypertension
- ☐ Irregular Heartbeat
- ☐ Angina
- ☐ Alzheimer's
- ☐ Asthma
- ☐ High/ Low Blood Pressure
- ☐ Bleeding Disorders
- ☐ Cardiac Dysrhythmia
- ☐ Cataracts
- ☐ Clotting Disorder
- ☐ Coronary Bypass Graft
- ☐ Dementia
- ☐ Hepatitis
- ☐ Diabetes/ Insulin Dependent
- ☐ Eye Surgery
- ☐ Glaucoma
- ☐ Hearing Impaired
- ☐ Hemodialysis
- ☐ Cancer
- ☐ Hypoglycemia
- ☐ Laryngectomy
- ☐ Leukemia
- ☐ Lymphoma
- ☐ Malignant Hyperthermia
- ☐ Memory Impaired
- ☐ Myasthenia Gravis
- ☐ Renal Failure
- ☐ Parkinson's Disease
- ☐ Seizure Disorder
- ☐ Abnormal EKG
- ☐ Sickle Cell Anemia
- ☐ Situs Inversus
- ☐ Stroke
- ☐ Vision Impaired
- ☐ Tuberculosis
- ☐ Other____

Allergies

- ☐ No known allergies
- ☐ Aspirin
- ☐ Barbiturates
- ☐ Codeine
- ☐ Demerol
- ☐ Horse Serum
- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novocaine
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Ray Dyes
- ☐ Other____

<u>PLEASE FILL OUT BOTH SIDES OF THIS FORM</u>