We Serve – We Care.

Supported 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, not only to identify you, but to advise on relevant illnesses, allergies, medication and contact addresses, should you suffer an accident or sudden illness.

When time is saved, lives are saved

When Emergency Services see medical information and personal details of a patient, they can then make safety and clinical decisions, ensuring that Emergency Services are provided with the information that is required for best practice. This is to ensure that your medical history and relevant information are available and accessible without delay.

What do you have to do?

Complete the form overleaf in ballpoint pen using BLOCK CAPITALS. Date and sign the form before placing it in the bottle. A separate form must be filled in for each person in the household who has 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 MD105 do not accept any responsibility for the details inserted on this form or for any additional paperwork included in the bottle.

Lions Message in a Bottle

The bottle found in the fridge

Please remember to...

1. Ensure the form is completed, dated and signed.
2. A separate form must be completed for each person in the household who lives with 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. Place the green cross sticker on the outside of the fridge door.
5. Stick the other label on the inside of your front door at eye level 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 Emergency Services/Hospital staff. Please list it here and where it is kept.

Emergency Treatment & Escalation Plan

Advanced Care and Treatment Plan

The Herbert Protocol

HAP Care Plan

(Health Action Plan)

Where is it located?

Do Not Resuscitate Info

Places of interest

Mobile Phone

Do you have a mobile phone? If YES, please enter the number.

Pets

Do you have pets at home? If YES, please enter the number.

Further Key Details

Hobbies / Hobbies

Details of previous address(es)

Previous employment details / Previous employment

Do you have a mobile phone? If YES, please enter the number.
## Personal details

<table>
<thead>
<tr>
<th>NHS No.</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Surname</th>
<th>Gender</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First Name(s)</th>
<th>Preferred Language</th>
</tr>
</thead>
</table>

| Postcode | |
|----------||

### Do you have a Medic Alert pendant or bracelet?

| Member No. | |
|------------||

### Diagnosis/Conditions I have

### Do you take medicine for?

- [ ] Asthma
- [ ] Diabetes
- [ ] Epilepsy
- [ ] Other

- [ ] Dementia
- [ ] Parkinson’s
- [ ] Motor-Neurone (MN)
- [ ] I have communication problems

- [ ] Heart Problem
- [ ] Anti-Coagulant
- [ ] Multiple Sclerosis (MS)
- [ ] I need hearing aids

### Where do you keep your medication?

- [ ] Room
- [ ] Location

**Important** - Always keep your repeat prescription with your medication. Keep your medication in a box.

## Your Doctor’s details

### Name of GP

### Practice Address

### Tel No.

## Your Carer/Your Carer’s Agency details

### Name

### Organisation Address

### Tel/Mobile No.

## Emergency contact 1

### Name

### Relationship

### Contact Address

### Contact Tel No.

## Emergency contact 2

### Name

### Relationship

### Contact Address

### Contact Tel No.