

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 one 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 its not visible from outside) and in line with the door lock if possible.
6. Ensure that your current repeat prescription is with your medication.
7. Keep medication in a box.

### Request for information

Do you have a Personal Information Folder (Single Assessment Process)?  
If so, where do you keep it? - please indicate in space below.

\_\_\_\_\_

This folder contains important information that will help health and social care staff.

### 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).



# Lions Message in a Bottle

MD  
105



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 of 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 not 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 Trust's.



### 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 Doctor's Details

Name of GP

Practice Address

Telephone

### 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 a 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

FOR illustration purpose only