**Message in a Bottle** project is brought to you by your local Lions Club and is supported by the following emergency services:

Ambulance – Sheriff – Emergency Services– Medical Profession – Pharmacists

**Message in a Bottle** is a simple idea that encourages people to keep their basic personal and medical details in a place, where, in cases of emergency, the Emergency Teams can easily find them.

**The information** required is very basic but necessary. This Personal Information Form is self-explanatory; however, you may like to ask a relation, friend, neighbor, or caregiver to help you complete the form.

**How does it work?**

You are given a Bottle (plastic container) complete with the Personal Information Form and three self-adhesive Green Crosses.

**WHAT MUST YOU DO**

* Complete all sections of the Personal Information Form
* Put the completed form into the bottle
* Close the lid and place the bottle on the door shelf of your refrigerator
* Attach one self-adhesive green cross onto the outside of the refrigerator door
* Attach one green cross **inside** your front door
* Attach one green cross **inside** your back door
* ALL GREEN CROSSES SHOULD BE CLEARLY VISIBLE TO THE EMERGENCY SERVICES ENTERING YOUR HOME

**BE AWARE**

**A few minutes delay in emergency services finding your home could make the difference between life and death.**

**Give the emergency services a fighting chance to help you. Ensure that your house number or name can be clearly seen from the road.**

Lions Clubs International and District 13-OH5 (Ohio) does not accept responsibility for personal details in this form or for any additional paperwork included in the bottle.



LIONS CLUBS INTERNATIONAL

DISTRICT 13-OH5 (Ohio)

<http://www.e-district.org/sites/district13oh5/>

**Your Lions Club Name Here Your Lions Club website address here**

**MESSAGE IN A BOTTLE**

|  |  |  |
| --- | --- | --- |
| YOUR PERSONAL DETAILS | | |
| **Surname** |  | **Important**  **Please**  **Affix your**  **Photograph**  **Here** |
| **First Name** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Eye Color** |  |
| **Hair Color** |  |
| **Medical Card No.** |  | |
| **Religion** |  | |
| **Address** |  | |
|  | |
|  | |
| **Home Phone** |  | |
| **Mobile Phone** |  | |

|  |  |  |
| --- | --- | --- |
| YOUR DOCTOR | | |
| Name |  | |
| Telephone |  | |
| PHARMACY | | |
| Name |  | |
| Telephone |  | |
| SPECIAL DETAILS | | |
| Do you have hearing problems? | |  |
| Do you have sight problems? | |  |
| Do you have speech problems? | |  |
| Do you have other problems? | |  |

|  |
| --- |
| CURRENT MEDICAL CONDITION |
| For example – Asthma, Epilepsy etc. |
|  |
|  |

|  |
| --- |
| ALLERGIES – Detail any allergy you suffer from |
|  |
|  |
|  |
|  |

|  |
| --- |
| WHERE DO YOU KEEP YOUR MEDICINE |
| Which floor? |
| Which room? |
| Where in the room? |

|  |  |
| --- | --- |
| DO YOU HAVE A DONOR CARD | |
| Yes | No |

|  |  |
| --- | --- |
| DO YOU HAVE A PET | |
| Yes | No |
| Name | Friendly? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| THE FOLLOWING PERSON RELIES ON ME FOR DAILY CARE. THEY WILL REQUIRE SOMEBODY TO CARE FOR THEM OR COLLECT THEM FROM SCHOOL. | | | | |
| Name |  | | | |
| Address |  | | | |
|  | | | |
|  | | | |
| Telephone  Number | Home |  | Work |  |
| School |  | Mobile |  |

|  |  |  |
| --- | --- | --- |
| EMERGENCY CONTACT PERSONS | | |
| PERSON 1 | | PERSON 2 |
| Name |  |  |
| Relationship |  |  |
| Address |  |  |
|  |  |
|  |  |
| Home Phone |  |  |
| Work Phone |  |  |
| Mobile Phone |  |  |

Completed by: Date:  
All information in this form is correct to the best of my knowledge and I accept personal responsibility to ensure all information is kept up to date.

Signed: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_