

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

Ambulance - Fire Brigade - Gardaí - Medical Profession - Pharmacists

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

The information required is very basic but necessary.

The **Personal Information Form** is self explanatory; however you may like to ask a relation, friend, neighbour or carer 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.



LIONS CLUBS INTERNATIONAL

www.lionsclubs.ie

Lions Club Ireland District D133

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WHAT MUST YOU DO

- Complete all sections of the Personal Information Form.
- Put the completed form into the bottle.
- Place a copy of your prescription in the bottle.
- Close the lid and place the bottle onto 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.

YOUR PERSONAL DETAILS				
Surname				Please affix your photograph here
First name				
Date of Birth		Age		
Gender				
Eye Colour				
Hair Colour				
P.P.S. Number				
Medical Card No.				
Religion				
Preferred Language				
Address				
	EIRCODE:			
Tel. No.				
Mobile No.				
YOUR PHARMACY				
Name:				
Phone/Mobile No.				
YOUR DOCTOR				
Name				
Telephone No.				

YOUR PERSONAL DETAILS	
Do you have hearing issues?	
Do you have sight issues?	
Do you have speech issues?	
Do you have mobility issues?	

CURRENT MEDICAL CONDITION

ALLERGIES

DO YOU HAVE MEDICINE FOR		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Dementia	<input type="checkbox"/> Heart Problem
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Parkinsons	<input type="checkbox"/> Anti Coagulant
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Motor-Neurons (MND)	<input type="checkbox"/> Multiple Sclerosis (MS)
<input type="checkbox"/> Other	<input type="checkbox"/> I have communication problems	<input type="checkbox"/> I need hearing aids

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

DO YOU HAVE A DONOR CARD	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

DO YOU HAVE A PET	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

THE FOLLOWING PERSON RELIES ON ME FOR DAILY CARE. THEY WILL REQUIRE SOMEBODY TO CARE FOR THEM OR COLLECT THEM FROM SCHOOL.			
Name			
Address			
Tel No.	Mobile		Work
	Home		School

EMERGENCY CONTACT PERSONS		
	PERSON 1	PERSON 2
Name		
Relationship		
Address		
Tel. No. Mobile		
Tel. No. Home		
Tel. No. Work		

Emergency Treatment & Escalation Plan	
<input type="checkbox"/> Advanced Care and Treatment Plan	<input type="checkbox"/> Do Not Resuscitate Document
Where is it located	
This form was completed by	
Relationship <i>(if not completed by you)</i>	
All of the information is correct to the best of my knowledge and I accept that it is my responsibility to ensure that ALL the information on the form is kept up to date	
Signed	
PRINT NAME	Date

Lions Clubs International and District 133 do not accept responsibility for personal details in this form or any additional paperwork included in the Bottle.