

# Instructions

In our continuing effort to “set the standard in community service” **Gloucester County Emergency Medical Service** is providing the citizens we serve with a new potentially life-saving program called the “**Vial of Life**”. The information contained on this information sheet will help us provide to our residents prompt, professional emergency medical service in a time of need. **The information contained on this sheet may save your life, or the life of a family member.**

This information will be utilized by not only **GCEMS** personnel, but hospital emergency department personnel as well.

Please take a moment to fill out this form as completely and accurately as possible. The information contained on this form will only be utilized if the named individual is unable to provide important healthcare information to us in the event of illness or injury. All information will be protected as required by current HIPAA regulations.

Use one form for each potential patient within your residence. Additional forms and vials are available by contacting **GCEMS** at the telephone number below.

After completing the form, please fold it in half, roll up and place in vial. Label the vial if you have more than one in use in your household. Store the vial inside your refrigerator, preferable on the door. Lastly, place the “Vial of Life” stickers on your refrigerator and the inside of your front door to let all emergency responders know you are a participating household.

**Please call GCEMS if you have any questions.**

**856/307-7120**

**Additional copies of this form can be downloaded at:**

The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of race, religion, color, national or ethnic origin, sexual orientation, age, marital status or disability in admission to, access to, or operations of its programs, services, or activities. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be directed to the Office of Educational and Disability Services at 856-681-6128/New Jersey Relay Service 711 or the EEO office at 856-384-6903.



## Vial of Life

Additional forms and vials available  
From  
**Gloucester County  
Emergency Medical Service  
856/307-7120**

This life-saving project made possible by:

The Gloucester County  
Board of  
Chosen Freeholders

Robert M. Damminger  
*Director*

Giuseppe (Joe) Chila  
*Freeholder Liaison*



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Date of Completion:  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

← Fold along this line

Medical History:

(Conditions, diagnosis's, procedures etc...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications:

Name:	Dosage:	X Per Day:
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies: \_\_\_\_\_

\_\_\_\_\_

← Fold along this line