



# Brevard County Fire Rescue

## Vial of Life

### -Personal Information-

\*Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ \*DOB: \_\_\_\_\_  
\*Birth Sex:  Male or  Female or  Intersex  
\*Weight: \_\_\_\_\_ Race: \_\_\_\_\_  
Primary Language: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Doctor's Name & Phone: \_\_\_\_\_  
Are you a Military Veteran? \_\_\_\_\_

### -IN CASE OF EMERGENCY FIRST NOTIFY-

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### -INSURANCE COVERAGE -

Insurance Name: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Secondary Insurance Name: \_\_\_\_\_  
Secondary Policy #: \_\_\_\_\_

### -CARE TEAM-

Court Appointed Guardian: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Healthcare Decision Maker: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Do you have a DNR? \_\_\_\_\_  
Do you have a Living will? \_\_\_\_\_  
If yes to either, where? \_\_\_\_\_  
Attorney: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Financial Decision Maker: \_\_\_\_\_  
Bank Name and Branch: \_\_\_\_\_  
Bank Name and Branch: \_\_\_\_\_  
Emergency Pet Sitter: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Type and Number of pets: \_\_\_\_\_  
Veterinarian: \_\_\_\_\_  
Do you have any dependents? \_\_\_\_\_  
If yes please list: \_\_\_\_\_  
Emergency Caretaker: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**\*Anything notated with an asterisk (\*) is time critical for emergency medical personnel.**

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

### \*Current medications or supplements:

Medication or supplement	Dosage	Frequency

**If you have more than 5 medications or supplements please attach a separate sheet**  
(You can request a current list of prescriptions from your doctor or pharmacy)

\*Medication Locations: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Are you an Organ Donor? \_\_\_\_\_

### \*Please mark if you are

Mute     Deaf     Blind-Left/Right [\_\_\_\_]

### \*Please mark if you use one of the following:

Glasses     Contacts     Hearing Aid  
 Upper Dentures     Lower Dentures  
 Mobility Aid [Type \_\_\_\_\_]

### \*Please mark if you have even been treated for:

AIDS/HIV Positive     Epilepsy  
 Anemia     Glaucoma  
 Anxiety     Heart Condition  
 Arthritis     Hepatitis-Type [\_\_\_\_]  
 Asthma     High Blood Pressure  
 Cancer     Migraines  
 COPD     Pacemaker  
 Dementia     Sickle Cell  
 Depression     Stroke  
 Dialysis     Tuberculosis  
 Diabetes  
 Other conditions not listed (including mental health): \_\_\_\_\_

-Brevard County Fire Rescue does not affiliate with any other agency-  
To obtain a new form go to:  
[www.brevardfl.gov/FireRescue/EMSOps/VialOfLife](http://www.brevardfl.gov/FireRescue/EMSOps/VialOfLife)