

Vial of Life Program

The "Vial of Life" is offered free of charge to residents of Carver County to ensure that vital medical information is easily accessible to emergency personnel in a crisis situation.

The Vial of Life program, which Public Health began more than 20 years ago, uses plastic vials that contain a sheet of information on an individual's medical conditions, medications, allergies, and emergency contacts. Carver County emergency rescue personnel are trained to look for the Vials of Life when they respond to emergency calls in private residences and to access the information contained within the vials.

The vials and instructions for their use are available at Carver County Public Health, 600 East Fourth Street in Chaska, or by calling the Public Health at 952-361-1329 and requesting that a Vial of Life be sent to you. Vials of Life can also be obtained through senior apartment residencies, adult day care programs, fire departments, and the Meals on Wheels program.

The Vial of Life kit includes:

- An information sheet
- Clear plastic vial with red cap
- Red "Vial of Life" stickers
- Velcro strips

Directions for using the Vial of Life kit are as follows:

- Complete the information sheet. (*See the attached form.*) Please print legibly.
- Remove the stickers and Velcro from the vial cylinder.
- Fold the information sheet in half, roll up the sheet, place the sheet in the plastic vial, and close the vial with the red cap.
- Fill out the information on enclosed label and place it on the outside of the vial.
- Remove the backing from one Vial of Life sticker and place the sticker on the outside, upper right corner of your entry door to identify you as a Vial of Life program participant.
- If you have more than one outside entrance, please obtain additional stickers and attach them to all outside doors.
- Place the second sticker on the outside of your refrigerator door in the top right corner.
- Place the Vial of Life container inside your refrigerator, and secure it to the top right wall using the adhesive Velcro provided.
- Remember to update the information whenever needed using the attached form. It is recommended that you review your Vial of Life information at least twice a year.

Please use the attached form to update the information in your Vial of Life. If you have any questions about the Vial of Life program or need additional forms, stickers or vials, please call 952-361-1329 for assistance.



Carver County Public Health

Vial of Life Program - Information

DATE _____ NAME _____ MALE FEMALE (circle one)

BIRTHDATE ____/____/____ ALLERGIES _____

DO YOU HAVE A DO-NOT-RESUSCIATE ORDER? YES NO (circle one)
IF YES, KEEP IT IN THIS VIAL

HOW MANY LIVE IN THE HOUSEHOLD _____

DOCTOR _____ CLINIC PHONE (____) _____

IS THERE ANYTHING SPECIAL ABOUT YOUR HEALTH STATUS WE SHOULD
KNOW? (FOR EXAMPLE, ARE YOU DIABETIC OR ON ANY MEDICATION)

WHERE ARE YOUR MEDICATIONS KEPT? _____

INSURANCE/POLICY/GROUP NUMBER _____

MEDICARE NUMBER _____ MEDICAID NUMBER _____

RELIGION _____ CONTACT _____ PHONE (____) _____

BLOOD TYPE (IF KNOWN) _____ MISCELLANEOUS INFO _____

IN CASE OF EMERGENCY CALL

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE (____) _____ CELL PHONE (____) _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE (____) _____ CELL PHONE (____) _____

DO YOU HAVE A LIVING WILL/ADVANCED CARE DIRECTIVE? YES NO (circle one)

IF YES, WHERE CAN IT BE FOUND? _____