

LIFE

(Lifesaving Information for Emergencies)

What is the LIFE Baggie?

The **LIFE Baggie** contains medical information that assists emergency personnel during a crisis in the home.

Who Should Use the LIFE Baggie?

- Persons taking medications
- Persons with chronic or disabling conditions
- Seniors –particularly when living alone

So how does this LIFE Baggie work?

Each **LIFE Baggie** contains a form that the participant completes. Once completed, the form containing vital medical information is placed back in the **LIFE Baggie** and is then placed inside the fridge door and a decal is placed on the outside of the fridge door.

Why the fridge?

Generally refrigerators are easy to locate.

**THE LIFE IT SAVES COULD BE YOUR OWN
OR A MEMBER OF YOUR FAMILY!**

Anyone can have an emergency at home.

In an emergency call 911

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Lions Bay Emergency Social Services

March 2015



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SETTING UP YOUR LIFE BAGGIE –

4 Easy Steps

1. Fill Out the LIFE BAGGIE Form

- Fill out the form provided – 1/person. Answer all or any pertinent questions. All fields are optional.
- Make sure information is kept current - check 2x/year when you change your clocks

2. Prepare your LIFE Baggie

- Complete the label “Information in this baggie belongs to: _____” and attach to the front of the **LIFE Baggie** indicating the owner(s) of the information.
- You may also consider adding any of the following items: copy of ECG,DNR (Do Not Resuscitate), Living Will, recent photo

3. Place Baggie in your fridge door

- Place the **LIFE Baggie –INSIDE-** your refrigerator, on the inside door.
- Place the **LIFE Baggie** at eye level so that first responder can easily find your completed medical information form.

1. Place the LIFE Baggie decal on the front of your refrigerator door.

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LIFE Medical Information Form

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Date Completed:		Date Updated:			
First Name:		Initial:		Last Name:	
Address:					
Home Phone:			Cell Phone:		
BC Medical (Care Card) No.:					
Birthdate:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Height:	Weight:	Hair:	Eyes:
Blood Type:	Religion:	Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Lower	Unable to Speak <input type="checkbox"/>	Primary Language (if not English):	Organ Donor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Difficulties:					
Vision Difficulties:					
Identifying Marks:					
Current Medical Conditions:					
Past Medical Conditions:					
Current Medications, Dosages & Frequency:					
Allergies to Medications, Drug Sensitivities, Food Allergies:					



LIFE Medical Information Form

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Physicians' Names & Phone Numbers:		
Doctor Name:	Phone Number:	
Pharmacy Name:	Phone Number:	
Dentist Name:	Phone Number:	
Eye Doctor Name:	Phone Number:	
Specialist/Other:	Phone Number:	
Last Hospitalization (date[s] and reason[s]):		
Special Instructions (such as health directives):		
Other Comments:		
Emergency Contact Information:		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Employer's Name & Contact Information (optional):		
Name:	Phone Number:	