



Peacham Volunteer Fire Department Medical Information Sheet



Please fill out the information below. Taking a few moments to do this could save precious minutes in a medical emergency. Use one sheet per member of your household. It is very important to be as thorough as possible with medical conditions and medications. This will be considered confidential patient information and will be shared only with health care providers involved in the treatment of this potential patient. If you have any questions or concerns, please contact the EMS coordinator for PVFD, Jerry Senturia, at 592-3989. Please place this information in an envelope marked "Vial of Life" and tape it inside your refrigerator door. Place a "Vial of Life" participant label on the front of your refrigerator door. Use the space on the back of this sheet for any additional information. Keep this form updated if there are any changes in your medical history. More sheets & labels will be available at the Town Hall & on our website www.peacham.net/fire. Thank you for your participation!

Name _____ Date of Birth ____/____/____

Religious Considerations _____

Medical Conditions/Illnesses _____

Medications _____

Allergies _____

Surgeries _____

Physician(s) _____ Dr.'s Tel. No _____

Emergency Contact Information

Name _____ Relationship to Patient _____

Address _____ Telephone No. (at home) _____

Telephone Number (at work) _____

Family Medical History (Write in yes or no)

Asthma _____ Epilepsy _____

Cancer _____ Heart Disease _____

Diabetes _____ High Blood Pressure _____

**** Please add any information regarding a Living Will, Health Proxy or DNR (Do Not Resuscitate) on the back of this sheet ****