

- ▶ Fill out this medical form completely in pencil and in block letters.
- ▶ Complete, fold up the form and place it in the Vial.
- ▶ Place Vial in refrigerator in visible position.
- ▶ Place Vial Decal on door of refrigerator to alert Emergency Personnel to the location of the Vial.
- ▶ Keep information up-to-date, changing medication list when necessary.

Name (First, middle, last)		Date
Address		Phone
Blood Type		
Gender	Birthdate (Day, Month, Year)	Medical Insurance Number
Family Doctor	Phone	Hospital Preferred
Second Doctor	Phone	
Allergies		
Health Status (Diabetes, High Blood Pressure, Heart Problems, etc.)		

MEDICATION LIST ON REVERSE

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MEDICATION LIST ON REVERSE

▼▼ EMERGENCY – CONTACT ▼▼

Name	Phone	Relationship
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The Medical Alert Kit (MAKPAK) Program is sponsored and distributed by the Oceanside Community Safety Volunteers. For information please call our Parksville office (250)954-2223 or Qualicum Beach office (250)752-2949. Website: www.OceansideCSV.org

Current Medications (dosage)

Current Supplements, Vitamins and/or Herbal Remedies can interact with your medications. Please list any of these that you are currently taking.

****REMINDER: Please update all information as your medications change****

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