



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/EmergencyMedicalServices/VialOfLife