

Available in an emergency

History of the Vial of Life Program

The Vial of Life program has been operating in Lake County for over 25 years. The program is designed to ensure that needed medical information is available at the time of a medical emergency.

The emergency medical personnel (911) from Lake County's fire departments have been involved in developing and implementing the Vial of Life program.

They use the information from the Vial if they are called to your home in an emergency and take the Vial with them if you are transported to a hospital emergency room.



Since 1972, the Council on Aging has been providing services to older adults, their families and caregivers.

Services include:

- Information & Referral
- In-Home Safety Services
- Meals on Wheels
- Congregate Meals
- Homemaker Services
- *Bridge* Newspaper
- Employment Services
- Computer Education
- Volunteer Opportunities

The Council on Aging is funded primarily through the Lake County Senior Citizens Services Levy, the Western Reserve Area Agency on Aging, the United Way of Lake County, Council on Aging Foundation, various grants, fees and donations, and your generosity and support.

Lake County Council on Aging
8520 East Avenue
Mentor OH 44060
440.205.8111

Vial of Life Program

Your medical
information available
at the time you need
it most



Vial of Life application



We can help.

So that your Vial of Life is as accurate and complete as possible, we will be filling it out with you in a short telephone conversation. First of all, we need to know who you are and the best day to reach you.

You will find a Vial of Life application inside this brochure. You will need to complete and mail it to the address on the form. Once we have received it, we will call and ask you for the information needed to complete your Vial.

We will type the information directly onto a Vial of Life form while talking to you, then print out your form, place it in the pouch, and mail it to you with instructions on where to put the Vial of Life in your home.



Having your information handy

To make the application process fast and easy, please have the following information by your telephone so it is handy when we call you:

- Your medical conditions and whether you take medicine for each of them (We do NOT need the names of the medications)
- Your primary care physician's name and phone number
- Any other doctor's name and phone number
- The name, relationship to you, and home/ work/ cell phone numbers of TWO people you want to be your emergency contacts
- Your Medicare insurance number
- Your secondary insurance company name and contract number
- Whether you have a living will, durable power of attorney for health care, and/or a do not resuscitate order, and if so, their location(s)

We will be asking you other questions; however, you will know the answers to these without gathering the information ahead of time.

Vial of Life Application

Your name:

Your street address:

Your city and zip code:

Your telephone number:

(440) _____

Your date of birth:

_____/_____/_____

Circle the best day to call you:

Monday Tuesday Wednesday

Thursday Friday Any Day

When you have completed this application, tear it off and mail it to:

V O L

Council on Aging

8520 East Avenue

Mentor, OH 44060