



Life Line Program

Life Line is a public safety program designed to provide accurate medical information to aid first responders coming to your emergency medical aid. Please complete the Life Line form, place it in a reseal able plastic bag marked **Life Line** with a permanent marker. Place the bag on the upper right-hand shelf of your refrigerator door.

Name _____ Birth date _____

Health Insurance _____ Physician _____

Emergency Contact Name _____ Phone _____

Local Contact Name _____ Phone _____

Past Medical History: (Please include high blood pressure, diabetes, past surgeries, heart issues, lung disease, etc.)

Allergies to Medications: _____

Current Medications

Prescription Name	mg	Dosage
<i>Example: Coumadin</i>	<i>10</i>	<i>2 times daily</i>
