

Message in a Bottle Project is brought to you by your local Lions Club and is supported by the following emergency services - :

Ambulance. Fire Brigade. Gardai. Pharmacists. Medical Profession.

The Message in a Bottle scheme is a simple idea that encourages people to keep their basic personal and medical details in a common place where, in cases of emergency, the Emergency Teams can easily find them.

How does it work? You are given a Bottle (plastic container) complete with Personal Information Form and three self adhesive Emergency Labels.

### WHAT MUST YOU DO

The Bottle must only contain details of one person, if you need additional Bottles contact your local Lions Club.

We recommend that you only store this Lions form in the bottle.

Complete all sections of the Personal Information Form.

Put the completed form into the Bottle.

Close the lid and place bottle onto the door shelf inside your refrigerator.

Attach one self adhesive label onto the outside of the Refrigerator Door.

Attach one self adhesive label onto the inside of your front door.

Attach one self adhesive label onto the inside of the back door.

Check that all labels can be easily seen.

The information required is very basic, but necessary. The Personal Information Form is self explanatory; however, you may like to ask a relation, friend, neighbour or carer to help you complete the questions.

Lions Clubs International MD105 and District 105(I) Ireland does not accept any responsibility for the personal details in this form or for any additional paperwork included in the bottle.

**BE AWARE – A few minutes delay in the Emergency Services finding your home could make the difference between life and death.**

Give the Emergency Services a fighting chance to help you.  
Ensure your house number or name can be clearly seen from the road



## LIONS CLUBS INTERNATIONAL DISTRICT 105 (I) IRELAND

YOUR PERSONAL DETAILS.		
Surname.		Please affix your photograph here.
First Name.		
Male / Female.		
Date of Birth.		
Eye Colour.		
Hair Colour.		
P.P.S. Number.		
Medical Card No.		
Religion.		
Address.		
Telephone No.		
Mobile No.		

YOUR DOCTOR.	
Name.	
Tel. No.	



Carrigaline & District  
Lions Club



<b>SPECIAL DETAILS.</b>	
Do you have hearing problems?	
Do you have sight problems?	
Do you have speech problems?	
Do you have other problems?	

<b>CURRENT MEDICAL CONDITION</b>
For example – Asthma, Epilepsy etc.

<b>ALLERGIES. Detail any allergies you suffer from.</b>

<b>WHERE DO YOU KEEP YOUR MEDICINE?</b>	
Which Floor?	
Which Room?	
Where in the Room?	

<b>DO YOU HAVE A DONOR CARD.?</b>	
Yes.	No.

<b>THIS FORM WAS COMPLETED BY -</b>			
Name.			
Relationship if any.			
All the information on this form is correct to the best of my knowledge and I accept that it is my responsibility to ensure that all the information is kept up to date.			
Signed.		Date.	

<b>THE FOLLOWING PERSON RELIES ON ME FOR DAILY CARE. THEY WILL REQUIRE SOMBODY TO CARE FOR THEM OR COLLECT THEM FROM SCHOOL.</b>				
Name.				
Address.				
Tel. No.	Home.		Work.	
	School		Mobile.	

<b>EMERGENCY CONTACT PERSON - 1</b>		
Name.		
Relationship.		
Address.		
Tele. No.	Home.	
	Work.	
	Mobile.	

<b>EMERGENCY CONTACT PERSON - 2</b>		
Name.		
Relationship		
Address.		
Tel. No.	Home.	
	Work.	
	Mobile.	