**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 – Medical Profession – Pharmacists

**Message in a Bottle** 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.

**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 form.

**How does it work?**

You are given a Bottle (plastic container) complete with the Personal Information Form and three self adhesive Green Crosses.

**WHAT MUST YOU DO**

* Complete all sections of the Personal Information Form.
* Put the completed form into the bottle.
* Close the lid and place the bottle onto the door shelf of your refrigerator.
* Attach one self adhesive green cross onto the outside of the refrigerator door.
* Attach one green cross **inside** your front door.
* Attach one green cross **inside** your back door.
* ALL GREEN CROSSES SHOULD BE CLEARLY VISIBLE TO THE EMERGENCY SERVICES ENTERING YOUR HOME.

**BE AWARE**

**A few minutes delay in emergency services finding your home could make the difference between life and death.**

**Give the emergency services a fighting chance to help you. Ensure that your house number or name can be clearly seen from the road.**

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

 

LIONS CLUBS INTERNATIONAL

DISTRICT 105 (I) IRELAND

www.lionsclubs.ie

**CORK LIONS CLUB** Message in a Bottle

www.corklionsclub.ie

|  |  |  |
| --- | --- | --- |
| YOUR PERSONAL DETAILS | | |
| **Surname.** |  | **Important**  **Please**  **Affix your**  **Photograph**  **Here.** |
| **First Name.** |  |
| **Date of Birth.** |  |
| **Gender.** |  |
| **Eye Colour.** |  |
| **Hair Colour.** |  |
| **P.P.S. Number.** |  |
| **Medical Card No.** |  | |
| **Religion.** |  | |
| **Address.** |  | |
|  | |
|  | |
|  | |
|  | |
| **Tel. No.** |  | |
| **Mobile No.** |  | |

|  |  |  |
| --- | --- | --- |
| YOUR DOCTOR | | |
| Name. |  | |
| Telephone No. |  | |
| SPECIAL DETAILS. | | |
| Do you have hearing problems ? | |  |
| Do you have sight problems ? | |  |
| Do you have speech problems ? | |  |
| Do you have other problems ? | |  |

|  |
| --- |
| CURRENT MEDICAL CONDITION |
| For example – Asthma, Epilepsy etc. |
|  |
|  |
|  |

|  |
| --- |
| ALLERGIES – Detail any allergy you suffer from |
|  |
|  |
|  |

|  |
| --- |
| WHERE DO YOU KEEP YOUR MEDICINE |
| Which floor ? |
| Which room ? |
| Where in the room ? |

|  |  |
| --- | --- |
| DO YOU HAVE A DONOR CARD | |
| Yes | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DO YOU HAVE A PET | | | | | |
| Yes | | | No | | |
| THE FOLLOWING PERSON RELIES ON ME FOR DAILY CARE. THEY WILL REQUIRE SOMEBODY TO CARE FOR THEM OR COLLECT THEM FROM SCHOOL. | | | | | |
| Name. |  | | | | |
| Address. |  | | | | |
|  |  | | | | |
|  |  | | | | |
| Tel. No. | Home |  | | Work |  |
| School |  | | Mobile |  |

|  |  |  |
| --- | --- | --- |
| EMERGENCY CONTACT PERSONS | | |
| PERSON 1 | | PERSON 2 |
| Name. |  |  |
| Relationship |  |  |
| Address |  |  |
|  |  |  |
|  |  |  |
| Tel. No. Home. |  |  |
| Tel. No. Work. |  |  |
| Tel. No. Mobile. |  |  |

Completed by:- Date. / /

All information on this form is correct to the best of my knowledge and I accept it is my responsibility to ensure that all information is Kept up to date.

Signed. Relationship if any.

Your Local Lions Club is - - CORK LIONS CLUB.

www.corklionsclub.ie