



# "MESSAGE IN A BOTTLE"



AFFIX PHOTO HERE

Surname : \_\_\_\_\_ First Name : \_\_\_\_\_

**MALE** **FEMALE** (Tick Box)

Date of Birth : \_\_\_\_\_

Spouse's Name : \_\_\_\_\_ Spouse's Date of Birth : \_\_\_\_\_

Physical Address : \_\_\_\_\_

\_\_\_\_\_ P.O.Code : \_\_\_\_\_

Home Phone : ( ) \_\_\_\_\_ Cell / Work Phone : ( ) \_\_\_\_\_

Next of Kin / Contact Person : \_\_\_\_\_

Their contact Telephone Numbers : \_\_\_\_\_

Doctors Name : \_\_\_\_\_ Tel. No : ( ) \_\_\_\_\_

(Tick Box)

Medical Aid 

Yes	No
-----	----

 Name : \_\_\_\_\_

Hospital Plan 

Yes	No
-----	----

 Name : \_\_\_\_\_

State Patient 

Yes	No
-----	----

 Hospital Out Patient No : \_\_\_\_\_

## DO YOU SUFFER FROM ANY OF THE FOLLOWING CONDITIONS :

(Tick Box)

High Blood Pressure? 

Yes	No
-----	----

Heart Disease ? 

Yes	No
-----	----

Diabetes ? 

Yes	No
-----	----

Epilepsy ? 

Yes	No
-----	----

Asthma ? 

Yes	No
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Any other problems ? \_\_\_\_\_

Allergies ? (Please list) \_\_\_\_\_

Medication (List Chronic Medicines) (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

(4) \_\_\_\_\_ (5) \_\_\_\_\_

Any further medical information : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any pets that need to be cared for : \_\_\_\_\_

\_\_\_\_\_

Who can assist with this : Name : \_\_\_\_\_

Telephone Number : (    ) \_\_\_\_\_

### **INDEMNITY**

The above information is recorded in good faith as an aid to medical and emergency personnel. Lions Clubs International, a service organization dedicated to humanitarian service, is hereby indemnified against any consequences which may arise as a result of the use of the information provided.

### **Declaration**

I \_\_\_\_\_ declare that the above information is to the best of my knowledge true and correct.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

### **CLUB STAMP**

#### **YOUR NEAREST LIONS CLUB IS**

(To assist with filling in of forms or to get new forms to update your records)

**PLEASE KEEP THIS INFORMATION UPDATED I.E. LATEST PRESCRIPTIONS TO BE KEPT WITH THIS INFORMATION IN COTAINER PROVIDED**

\* If more than one person lives in your household, please ensure that all forms are kept inside one bottle.