Funds Donated By:

BACCHUS WINE MADE SIMPLE

CHEVRON

CONTINUUM REAL ESTATE GROUP, INC

LAUZON & EULER, LLP

MERRILL LYNCH

MICHAEL STARS

If you need additional forms or decals please visit www.MBlifesaver.com or www.ci.manhattan-beach.ca.us

LEADERSHIP MANHATTAN BEACH
PROJECT LIFE SAVER
Class of 2008

PLEASE READ - IMPORTANT INFORMATION

ENVELOPE OF LIFE

The Leadership Manhattan Beach Class of 2008, in cooperation with interested municipalities, community organizations and individuals, is providing the "Envelope of Life" program to the residents of Manhattan Beach. This program **MAY SAVE YOUR LIFE** or the life of someone close to you.

The purpose of this program is to supply important individual health information to assist paramedics, police or others in performing emergency first-aid in the home or at the scene of a car accident. The program provides a health history form where this vital health information is recorded and kept in the home kitchen refrigerator or the glove compartment of your car. This informational record is **NOT** a substitute for other types of emergency medical identification, such as a necklace, bracelet or wallet card.

Remember, a health emergency can occur at any time. Be prepared!

COMPLETE THE "ENVELOPE OF LIFE" FORM TODAY!

The Leadership Manhattan Beach Class of 2008 wishes to honor and acknowledge Jan Dennis, local historian, photographer, former Mayor of Manhattan Beach and philanthropist in having the wisdom to create the "Envelope of Life" and we express gratitude to the Neptunian Woman's Club of Manhattan Beach for sponsoring and helping to distribute the "Envelope of Life" from its inception in 1997.

INSTRUCTIONS FOR COMPLETION AND PLACEMENT OF FORM

1. The Emergency Medical Information form should be completed by the appropriate individual. Use a separate form for each person in the household. **PLEASE PRINT THE INFORMATION.** More forms are available for larger households.

IMPORTANT - KEEP THIS INFORMATION UP-TO-DATE.

2. Fold and insert the Emergency Medical Information form into the plastic envelope. Close the "zip-lock" top.

3. Remove the backing from the plastic envelope. Attach to the **dry** right inside wall of your kitchen refrigerator above the first (1) shelf. **DO NOT** use in your refrigerator freezer. If used in your car, attach the envelope to the back of the glove compartment door.

4. Place the "Envelope of Life" decal on the main entry door, window or on the closest window to your main entry. If used in your car, place the decal on the inside of the far lower right side of the windshield.

Contact your doctor or clinic to obtain your most current and complete health information to include on the form.

INFORMATION SHOULD BE KEPT UP-TO-DATE.

30% PCRF

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

_____

Nearest relative or friend Phone

_____

Family physician/s or clinic Phone

_____

Pharmacy Phone

_____

If for a minor, signature of person completing this form.

IMPORTANT - KEEP THIS FORM UP-TO-DATE!

Fold here then insert into plastic envelope

ENVELOPE OF LIFE

Emergency Medical Information

Person 1 EMERGENCY MEDICAL INFORMATION

Last Name (Print Clearly) | **First Name** | **Today's Date**

Birthdate ☐ Male ☐ Female

Religion | Language Spoken in Home

Blood Type | Height

My Normal Blood Pressure is:

My Last Cardiogram Reading Was Normal? ☐ Yes ☐ No | Date

Date of Last Tetanus Shot:

Medications Taken Regularly (Name, Strength & Dosage)

Known Present or Chronic Illness (Give Dates)

Physician/s or Clinic (Name, Address & Phone)

Recent or Previous Major Surgery (Give Dates)

1.

2.

3.

4.

Allergies to Medication

Other Allergies (Explain)

Place an ☒ in Box if it Applies

- ☐ Speech Problem
- ☐ Mute
- ☐ Blind
- ☐ Deaf
- ☐ Hard of Hearing Left ☐ Right ☐
- ☐ Contact Lenses
- ☐ Eye Glasses
- ☐ Intraocular Lens
- ☐ Hearing Aid
- ☐ Dentures, or
- ☐ Partial Plate
- ☐ Heart Pacemaker
- ☐ Kidney Dialysis In Home ☐ In Hospital ☐
- ☐ Metal Implants
- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ Pregnant
- ☐ Confined to Bed
- ☐ Use Walker
- ☐ Use Wheelchair

Wear Artificial	L	R
Arm	☐	☐
Leg	☐	☐
Glass Eye	☐	☐
Ear	☐	☐
Nose	☐	
Other	☐	

Any Other Disabilities
Anything special we should know about your health?

UPDATE INFORMATION REGULARLY - INCLUDE DATES

UPDATE INFORMATION REGULARLY - INCLUDE DATES

Person 2 EMERGENCY MEDICAL INFORMATION

Last Name (Print Clearly) | **First Name** | **Today's Date**

Birthdate ☐ Male ☐ Female

Religion | Language Spoken in Home

Blood Type | Height

My Normal Blood Pressure is:

My Last Cardiogram Reading Was Normal? ☐ Yes ☐ No | Date

Date of Last Tetanus Shot:

Medications Taken Regularly (Name, Strength & Dosage)

Known Present or Chronic Illness (Give Dates)

Physician/s or Clinic (Name, Address & Phone)

Recent or Previous Major Surgery (Give Dates)

1.

2.

3.

4.

Allergies to Medication

Other Allergies (Explain)

Place an ☒ in Box if it Applies

- ☐ Speech Problem
- ☐ Mute
- ☐ Blind
- ☐ Deaf
- ☐ Hard of Hearing Left ☐ Right ☐
- ☐ Contact Lenses
- ☐ Eye Glasses
- ☐ Intraocular Lens
- ☐ Hearing Aid
- ☐ Dentures, or
- ☐ Partial Plate
- ☐ Heart Pacemaker
- ☐ Kidney Dialysis In Home ☐ In Hospital ☐
- ☐ Metal Implants
- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ Pregnant
- ☐ Confined to Bed
- ☐ Use Walker
- ☐ Use Wheelchair

Wear Artificial	L	R
Arm	☐	☐
Leg	☐	☐
Glass Eye	☐	☐
Ear	☐	☐
Nose	☐	
Other	☐	

Any Other Disabilities
Anything special we should know about your health?

UPDATE INFORMATION REGULARLY - INCLUDE DATES