

October 20, 2005

Honorable Mayor and Members of
the Hermosa Beach City Council

Regular Meeting of
October 25, 2005

ENVELOPE OF LIFE – EMERGENCY MEDICAL INFORMATION

Recommendation:

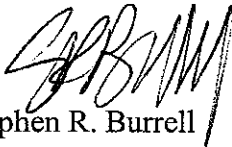
That the City Council endorse this effort and ask that the Beach Cities Health District take this on as a district wide project/service for all district residents.

Background:

The City Council, at its meeting of October 11, 2005, received a short presentation from Betty Ryan regarding the "Envelope of Life" emergency medical information system. 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 "Envelope of Life" can be placed in the home or car and, when filled out, will be very useful to emergency medical personnel. The proposal that Betty Ryan made was to distribute these to all Hermosa Beach residents.

During the discussion of this at the last meeting, it was mentioned that the Beach Cities Health District would be the most appropriate agency to take on this project. I would seem that a letter from the City Council to the Beach Cities Health District and the cities of Manhattan Beach and Redondo Beach endorsing the program would get this started.

Respectfully submitted,



Stephen R. Burrell
City Manager

Funds Donated by:

Text to be provided

The City of Hermosa Beach Personnel and Administrators, The Woman's Club of Hermosa Beach, The Hermosa Garden Club, The Kiwanis Club of Hermosa Beach, their Officers, Committees, or any Affiliates assume no liability for the accuracy of any information placed on this form or in the "Envelope of Life" packet.

Text to be provided
(To include Local Emergency Phone Numbers)

PLEASE READ — IMPORTANT INFORMATION

ENVELOPE OF LIFE

The City of Hermosa Beach, in cooperation with interested municipalities, community organizations and individuals, is providing the "ENVELOPE OF LIFE" program to the residents of Hermosa Beach. This program MAY SAVE YOUR LIFE or someone close to you.



INSTRUCTIONS TO COMPLETE YOUR HEALTH HISTORY

The Personal Health History data should be completed by the appropriate individual. Use a separate form for each person in the household. More forms are available for larger households. PLEASE PRINT. IMPORTANT — Keep the information UP-TO-DATE.

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 forms 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!

1. The Personal Health History data should be completed by the appropriate individual. Use a separate form for each person in the household. More forms are available for larger households. PLEASE PRINT. IMPORTANT — Keep the information UP-TO-DATE.

2. Fold and insert the Personal History into the plastic envelope. Close resealable "zip-lock" top.

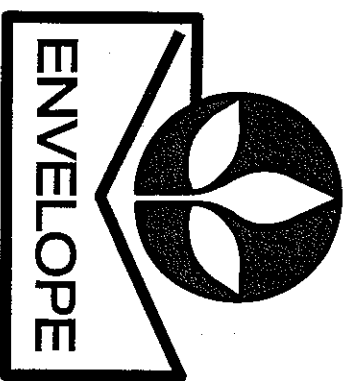
3. Remove the backing from the plastic envelope. Attach to the DRY right inside wall of your kitchen refrigerator above the first (1) shelf. DO NOT use in your refrigerator freezer. In the case of your car attach the envelope to the back of the glove compartment door.

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

You should contact your doctor or clinic for the best and most complete health information possible to be printed on the form. Above all, you should keep the information UPDATED.

Address: _____
City: _____ Zip: _____
State: _____
Home Phone: _____
Nearest relative or friend: _____ Phone _____
Family physician/s or clinic _____ Phone _____
Pharmacy: _____ Phone _____
If for a child, signature of person completing this form.
IMPORTANT—KEEP THIS FORM UP-TO DATE!

Fold here then insert into plastic envelope



Emergency Medical Information

