

# Information slips for capsules

## Insert - Option 1

Name			
DOB		NHS/CHI No.	
Next of Kin Name & Phone No.			
Medical Conditions			
Symptoms			
Regular Medication(s)			
Allergies			
Other Info			

### Tip #1

Keep the lanyard, attached to your capsule, visible and handy so you can reach for it if necessary.

### Tip #2

Your capsule could hold ear plugs, hearing aid batteries or medication (ensure medication is kept within a strip of the original blister pack, with the medication name clearly visible).

## Insert - Option 2

Name			
DOB		NHS/CHI No.	
Next of Kin Name & Phone No.			
Medical Condition(s)			
Symptoms			
Regular Medications			

## Insert - Option 3

Name			
DOB		NHS/CHI No.	
Next of Kin Name & Phone No.			
Medical Conditions			
Regular Medications			

Complete and cut out the insert you would like to use for your capsule.

Download and print insert replacements at:  
[meandve.org.uk/medic-capsules](http://meandve.org.uk/medic-capsules)