

DIRECTIONS FOR USE OF EMT*ALERT

FOR INDIVIDUALS LIVING ALONE

1. Use PENCIL when completing this form so you can update as necessary.
2. Complete both sides of the form.
3. Complete the Emergency Medical Information section.
4. If you wish, complete the living will portion on the enclosed form, sign it in the presence of your attorney and have it notarized to speak for you in an emergency.

FOR A COUPLE LIVING ALONE

Each person should have their own EMT*ALERT and if desired, a living will. Additional EMT*ALERTs are available online at www.lyt.com/emt.html, or write to us at the address below for our complete catalog of magnetic photo display products.

FOR FAMILIES WITH CHILDREN OR WHEN MULTIPLE RESIDENTS SHARE A HOME

1. Using PENCIL, complete both sides of the EMT*ALERT.
2. Head of Household should complete the Emergency Medical Information section.
3. The Additional Information section is then used for each additional resident in the home. It may be necessary to obtain additional EMT*ALERTs for other adults such as grandparents who live in the home. Additional EMT*ALERTs are available online at www.lyt.com/magnetic-emt-alerts/, or write to us at the address below for our complete catalog of magnetic photo display products.

After completing all information, insert the form into the clear plastic magnetic holder. Place your EMT*ALERT on your refrigerator door in plain sight of emergency medical personnel, family members and caregivers. Nothing replaces the correct information in an emergency situation.

REMEMBER TO UPDATE THE INFORMATION ANYTIME THERE IS A CHANGE!

For a catalog of our magnetic photo display and magnetic paint products, please send a self-addressed, stamped, business size envelope to:

Lytle Products Inc.
 Catalog Request
 P.O. Box 8, Cabot, PA 16023
 Or visit us on the web - www.lyt.com

EMT*ALERT™

Information last updated on _____

Name _____
 Address _____
 City _____ State _____
 Zip Code _____
 Our Home Phone _____
 Doctor _____ Phone _____
 Work phone _____
 Police _____
 Fire Department _____
 Poison Control Center _____
 Ambulance _____
 Electric Co. _____
 Gas Co. _____
 Phone Co. _____
 Emergency Contact Name _____
 Home Phone _____
 Work/Cell Phone _____

Compliments of:

Magically Magnetic, Inc.

www.lyt.com

724-352-3747

Emergency Medical Information Inside

Copyright © 2018 All Rights Reserved US Patent# 6052933

Declaration of Living Will

Declarant's Name _____
 Address _____ City _____ State _____ Zip _____

I, _____, being of sound and disposing mind, memory and understanding, willfully and voluntarily make this Declaration which is to be followed if I become incompetent. This Declaration reflects my firm and settled commitment to refuse life-sustaining treatment under circumstances as indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition, or in a state of permanent unconsciousness. I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment:

- I do, do not want any cardiac resuscitation.
- I do, do not want any mechanical respiration.
- I do, do not want any tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).
- I do, do not want any blood or blood products.
- I do, do not want any form of surgery or invasive diagnostic tests.
- I do, do not want any kidney dialysis.
- I do, do not want any antibiotics.

I further realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

make the following specific instructions, if any:

I do, do not want to designate another person as my surrogate to make medical decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness.

Name and Address of surrogate, if applicable: Name _____
 Address _____ City _____ State _____ Zip _____

Name and Address of substitute surrogate, in the event that the designated surrogate is unable or refuses to serve for any reason:

Name _____
 Address _____ City _____ State _____ Zip _____

I make this declaration on this _____ day of _____ in the year _____.

Declarant's signature

The Declarant, or the person who on behalf of and at the direction of the Declarant, knowingly and voluntarily signed this writing by signature or by mark in our presence.

Witness: _____ Address _____
 Witness: _____ Address _____

NOTE: This Declaration become operative following its execution when: (1) a copy is provided to your attending physician; and (2) as Declarant, you are determined by your attending physician to be incompetent and in a terminal condition or in a state of permanent unconsciousness. Copies of this Declaration should be provided to your family physician, your attorney and a family member. A signed copy should also be maintained in your personal papers for future reference. This Declaration of Living Will is in accordance with provisions in the Act of April 16, 1992, Act 24, 20 Purdon's C.S.A. §5404(b).