

I.C.E. (In Case Of Emergency)



This form is meant to help emergency responders when you are experiencing a life threatening situation or medical incident where you may be unable to answer or are unconscious. This is not a complete medical history form. This form should be placed on your refrigerator, back of your front door, or a place that can be found easily by family or emergency responders. If you place this form in an envelope, mark it with your name and ICE written on the front. **This is not a legal document;** however it is considered protected information and will be used by emergency responders, nurses, and doctors on how to help you or what to look for in case of emergency. This form should be updated at least once a year.

Personal Health Emergency Profile Information: Please print clearly.

Date _____

Name

Social Security Number _____ Date of Birth _____

Insurance Provider _____ Employee ID # _____ Group # _____

Insurance Provider _____ Employee ID # _____ Group # _____

Insurance Provider _____ Employee ID # _____ Group # _____

Hospital Preference _____ Height _____ Weight _____ Blood Type _____

Advanced Directive Yes No Power of Attorney Yes No If yes and not included where is it located _____

Primary Doctor _____ Dr. Phone _____

Cardiologist Doctor _____ Dr. Phone _____

Pharmacy _____ Phone _____

Medical History

Diabetes 1 Diabetes 2 Stroke Cardiac Hypertension Renal/Kidney Chronic Pain

Blood thinner _____

List Surgeries within last 6 months: _____

Allergies

Peanut Medication Seasonal Food Pets Insect Chemical Latex Other _____

Disabilities

Physical Mental Blindness Other _____

Medications: Or see attached print out from my doctor's office which I have included.

Any other info you wish to share with First Responders:

Immunization Record

TYPE	DATE GIVEN	HEALTH CARE PROVIDER	REACTION/CONTRAINDICATION
Diphtheria-Tetanus Toxoid (td)			
Diphtheria-Pertussis-Tetanus Toxoid (DPT)			
Mumps-Mussels-Rubella (MMR)			
Hemophilic-Influenza B (HIB)			
Hepatitis A			
Hepatitis B			
Influenza (Flu)			
Pneumococcal			
Other			
TB-PPD			

Emergency Contacts

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

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Address _____ City _____ State _____ Zip _____