

Instructions:

*In case of emergency (I.C.E.) enables first responders, such as paramedics, firefighters, and police officers to know who to contact in case of an emergency to assist with medical support and information.

*Keep an I.C.E card in your wallet **and** in your glove box clipped to your insurance/registration.

IN CASE OF EMERGENCY-I.C.E.

DRIVERS INFORMATION

Primary Driver: _____ **DOB:** _____

Phone: _____

Physician: _____ **Phone:** _____

Secondary Driver: _____ **DOB:** _____

Phone: _____

Physician: _____ **Phone:** _____

FREQUENT PASSENGERS INFORMATION

Passenger 3: _____ **DOB:** _____

Relationship: _____

Passenger 4: _____ **DOB:** _____

Relationship: _____

I.C.E. Contacts

Contact 1: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

Contact 2: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

Contact 3: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

Contact 4: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

TURN CARD OVER-MEDICAL INFORMATION

Provided by:



Eastern Carolina Council
Area Agency on Aging

IN CASE OF EMERGENCY-I.C.E.

DRIVERS INFORMATION

Primary Driver: _____ **DOB:** _____

Phone: _____

Physician: _____ **Phone:** _____

Secondary Driver: _____ **DOB:** _____

Phone: _____

Physician: _____ **Phone:** _____

FREQUENT PASSENGERS INFORMATION

Passenger 3: _____ **DOB:** _____

Relationship: _____

Passenger 4: _____ **DOB:** _____

Relationship: _____

I.C.E. Contacts

Contact 1: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

Contact 2: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

Contact 3: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

Contact 4: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

TURN CARD OVER-MEDICAL INFORMATION

Provided by:



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Backside Instructions:

*Complete all necessary medical documentation, review often, and updated as needed.

*Keep an I.C.E card in your wallet **and** in your glove box clipped to your insurance/registration.

MEDICAL INFORMATION

Primary Driver: _____ **DOB:** _____

Any Known Allergies: _____

Medical Diagnosis: _____

Medications: _____

Secondary Driver: _____ **DOB:** _____

Any Known Allergies: _____

Medical Diagnosis: _____

Medications: _____

Passenger 3: _____ **DOB:** _____

Any Known Allergies: _____

Medical Diagnosis: _____

Medications: _____

Passenger 4: _____ **DOB:** _____

Any Known Allergies: _____

Medical Diagnosis: _____

Medications: _____

MEDICAL INFORMATION

Primary Driver: _____ **DOB:** _____

Any Known Allergies: _____

Medical Diagnosis: _____

Medications: _____

Secondary Driver: _____ **DOB:** _____

Any Known Allergies: _____

Medical Diagnosis: _____

Medications: _____

Passenger 3: _____ **DOB:** _____

Any Known Allergies: _____

Medical Diagnosis: _____

Medications: _____

Passenger 4: _____ **DOB:** _____

Any Known Allergies: _____

Medical Diagnosis: _____

Medications: _____
