In Case of Emergency (I.C.E.) form

Instructions:

- Fill out this form with your personal information.
- Place it back into the **I.C.E. pack** cylinder.
- Place the cylinder in your refrigerator.
- Place the enclosed sticker on the outside of your refrigerator to let EMS know where they can find your **I.C.E. pack**.

** You may also want to keep a 2nd copy with you while you travel. And make sure to keep the information up to date.

To download additional copies of the **I.C.E.** form, please visit **www.mainlinehealth.org/ER**

Name: _____
Address: _____
_____
_____
Emergency Contact (Name & Phone #):
_____
_____
Primary Physician: _____
Primary Physician's Phone #: _____
Specialist: _____
Health Insurance Company: _____
_____
ID#: _____
Name on Card: _____
Medicare #: _____
Medical Power of Attorney: _____
_____
Date Card Completed: _____
Telephone #: _____
Blood Type: _____

Allergies: _____
_____
_____
Medications: _____
_____
_____
_____
Date of Birth: _____
Social Security Number (optional): _____
Religion (optional): _____
Major Illnesses/Surgeries: _____
_____
_____
_____
_____
Other Medical Conditions: _____
Date of Last Tetanus Shot: _____
Are you an Organ Donor? ___ Yes ___ No
Do you have an Advance Directive or Living Will?
___ Yes ___ No

Use this space for notes, questions or any other relevant information:

_____
_____
_____
_____

Always call 911 in an emergency!

1.866.CALL.MLH
mainlinehealth.org

Main Line Health
Well ahead.SM