

# IN CASE OF EMERGENCY MEDICAL AND CONTACT INFORMATION

# I. C. E.



NAME : \_\_\_\_\_ Date: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ Age: \_\_\_\_\_

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CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SECONDARY  
CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

### I HAVE THE FOLLOWING MEDICAL CONDITIONS:

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### I TAKE THE FOLLOWING MEDICATIONS:

|           |             |                 |
|-----------|-------------|-----------------|
| MED _____ | DOSE: _____ | FREQUENCY _____ |
| MED _____ | DOSE: _____ | FREQUENCY _____ |
| MED _____ | DOSE: _____ | FREQUENCY _____ |
| MED _____ | DOSE: _____ | FREQUENCY _____ |
| MED _____ | DOSE: _____ | FREQUENCY _____ |
| MED _____ | DOSE: _____ | FREQUENCY _____ |
| MED _____ | DOSE: _____ | FREQUENCY _____ |
| MED _____ | DOSE: _____ | FREQUENCY _____ |

### MY DOCTOR NAMES AND PHONE NUMBERS ARE:

|           |             |                 |
|-----------|-------------|-----------------|
| DR. _____ | PHONE _____ | SPECIALTY _____ |
| DR. _____ | PHONE _____ | SPECIALTY _____ |
| DR. _____ | PHONE _____ | SPECIALTY _____ |

### Additional information you want First responders or Doctors to know

ALLERGIES: \_\_\_\_\_

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Fill out form. Make a copy for each jacket. Place each in a waterproof baggie. Put in inside jacket pocket. All riders will know where your ICE card is. Secondary contact is needed if your first contact rides on same bike.