

IN CASE OF EMERGENCY MEDICAL AND CONTACT INFORMATION

I. C. E.



NAME : _____ date __/__/____
DATE OF BIRTH: __/__/____ AGE: _____

. .fold back-----fold back . .

CONTACT: _____ RELATIONSHIP: _____ PHONE: _____

SECONDARY
CONTACT: _____ RELATIONSHIP: _____ PHONE: _____

I HAVE THE FOLLOWING MEDICAL CONDITIONS:

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: _____

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.