



# ICE

## EMERGENCY MEDICAL INFORMATION FORM

This **CONFIDENTIAL** medical information form will be used **only** in the case of a medical emergency. Please keep one for each traveller in your vehicle glove box.

<b>Name:</b>			
<b>Date of Birth:</b>			
<b>EMERGENCY CONTACT DETAILS</b>			
<b>In a medical emergency, please notify: Emergency Contact Person #1</b>			
<b>Name:</b>		<b>Home Phone:</b>	
<b>Relationship:</b>		<b>Mobile Phone:</b>	
<b>In a medical emergency, please notify Emergency Contact Person #2 (preferably someone who doesn't usually travel with you)</b>			
<b>Name:</b>		<b>Home Phone:</b>	
<b>Relationship:</b>		<b>Mobile Phone:</b>	
<b>KNOWN ALLERGIES?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
<i>If yes, please list, including any medication or special needs:</i>			
<b>PRE-EXISTING MEDICAL CONDITIONS?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
<i>If yes, please list, including any medication or special needs:</i>			
<b>Medicare No:</b>		<b>Ambulance Cover:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I give my permission, in the case of a medical emergency, to provide the above information to attending medical or first response personnel.</b>			
<b>Signature:</b>		<b>Date:</b>	
<b>Guardian</b> (if person is under 18 years of age) <b>Name:</b>			
<b>Signature</b>		<b>Date:</b>	