

Complete Medication List Here:

Name of Person: _____

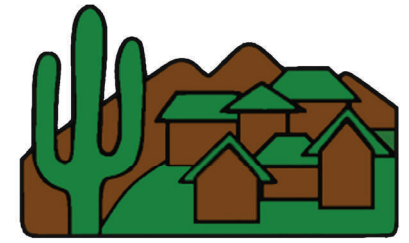
Medications/Dosage: _____

Name of Person: _____

Medications/Dosage: _____

Other Information EMS needs to know:

(You may wish to include additional pertinent medical or household information such as existing conditions, pacemakers, caregiver information, pets in house, etc.):



ACCCA

**In Case of Emergency
Form (ICE)**

Resident Information In Case of
Emergency

Name of Family:

Address:

Telephone Number

**IN CASE OF EMERGENCY
FORM (ICE):**

Emergency Management Services (EMS) and Fire Dept. personnel will need the names, ages, medical conditions (including allergies to medicine) and a list of medications for each member of the family in the home, as well as a contact name and number of someone outside the family or home. Assume that no one is able to provide this information during the emergency and that this flyer serves as your voice to the emergency responders.

Complete the and place copies of this form in areas visible to EMS:

- On your refrigerator or by the phone.
- In the medicine cabinet of the master bathroom.
- In kitchen cabinets or other locations where you keep medications.
- In your wallet, car, and purse.

Emergency response teams are trained to look for ICE forms at these locations. Be sure your ICE form is prominently displayed and all babysitters or those who check on the home/family members know where it may be found. Update the form regularly as conditions change.

Emergency Contact Person (Other than family member in the home).

Name: _____

Phone: _____

Secondary Contact Person:

Name: _____

Phone: _____

Name of Family Members and Ages in Home:

Allergies to Medication:

Name: _____ Allergic To: _____

List All Medications and Dosage:

Name: _____

Medications/Dosage: _____

Name: _____

Medications/Dosage: _____

Name: _____

Medications/Dosage: _____

