**Instructions:**

*In case of emergency (I.C.E.) enables first responders, such as paramedics, firefighters, and police officers to know who to contact in case of an emergency to assist with medical support and information.*

*Keep an I.C.E card in your wallet and in your glove box clipped to your insurance/registration.*

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**IN CASE OF EMERGENCY - I.C.E.**

**DRIVERS INFORMATION**

**Driver 1:** 
DOB: ____
Phone: ____________________________
Physician: ________________________ Phone: ______

**Driver 2:** 
DOB: ____
Phone: ____________________________
Physician: ________________________ Phone: ______

**FREQUENT PASSENGERS INFORMATION**

**Passenger 3:** 
DOB: ____
Relationship: ______________________

**Passenger 4:** 
DOB: ____
Relationship: ______________________

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**I.C.E. Contacts**

**Contact 1:**
Relationship: ______________ Phone: ______________
Secondary Phone: ____________________________

**Contact 2:**
Relationship: ______________ Phone: ______________
Secondary Phone: ____________________________

**Contact 3:**
Relationship: ______________ Phone: ______________
Secondary Phone: ____________________________

**Contact 4:**
Relationship: ______________ Phone: ______________
Secondary Phone: ____________________________

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**TURN CARD OVER - MEDICAL INFORMATION**

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**TURN CARD OVER - MEDICAL INFORMATION**

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**Provided by:**
Eastern Carolina Council
Area Agency on Aging
**MEDICAL INFORMATION**

**Driver 1:**
- **DOB:** ______
- **Any Known Allergies:** __________________________________________
- **Medical Diagnosis:** _____________________________________________
- **Medications:** __________________________________________________

**Driver 2:**
- **DOB:** ______
- **Any Known Allergies:** __________________________________________
- **Medical Diagnosis:** _____________________________________________
- **Medications:** __________________________________________________

**Passenger 3:**
- **DOB:** ______
- **Any Known Allergies:** __________________________________________
- **Medical Diagnosis:** _____________________________________________
- **Medications:** __________________________________________________

**Passenger 4:**
- **DOB:** ______
- **Any Known Allergies:** __________________________________________
- **Medical Diagnosis:** _____________________________________________
- **Medications:** __________________________________________________

**Backside Instructions:**

*Complete all necessary medical documentation.*

*Keep an I.C.E card in your wallet and in your glove box clipped to your insurance/registration.*