

IN CASE OF EMERGENCY (ICE) MEDICAL AND CONTACT INFORMATION

HOME ADDRESS _____

DATE FORM COMPLETED _____ DATE UPDATED _____ PHONE # _____

PERSON 1 DEMOGRAPHICS

NAME _____
 DOB _____ SEX M/F _____
 SSN _____ WEIGHT _____
 HOSP. PREF _____ RELIGION _____
 DOCTOR _____ BLOOD TYPE _____
 LANGUAGE _____
 LIVING WILL Y N LOCATION _____

PERSON 2 DEMOGRAPHICS

NAME _____
 DOB _____ SEX M/F _____
 SSN _____ WEIGHT _____
 HOSP. PREF _____ RELIGION _____
 DOCTOR _____ BLOOD TYPE _____
 LANGUAGE _____
 LIVING WILL Y N LOCATION _____

INSURANCE INFORMATION & NUMBER

MEDICARE _____
 MEDICAID _____
 OTHER _____

INSURANCE INFORMATION & NUMBER

MEDICARE _____
 MEDICAID _____
 OTHER _____

MEDICAL INFORMATION

FOOD/DRUG ALLERGIES _____

MEDICAL INFORMATION

FOOD/DRUG ALLERGIES _____

MEDICATIONS & SUPPLEMENTS

NAME	DOSAGE	TIMES/DAY	AM/PM

MEDICATIONS & SUPPLEMENTS

NAME	DOSAGE	TIMES/DAY	AM/PM

LOCATION OF MEDS _____
 PHARMACY _____
 DATE UPDATED _____

LOCATION OF MEDS _____
 PHARMACY _____
 DATE UPDATED _____

MEDICAL HISTORY

BLIND	Y N	L R B	PACEMAKER	Y N
HEARING AID	Y N	L R B	GLASSES	Y N
DENTURES	Y N	L U B	CONTACTS	Y N
DEAF	Y N	L R B	DEMENTIA	Y N
MUTE	Y N		DIALYSIS	Y N
AIDS/HIV	Y N		DIABETIES	Y N
ARTHRITIS	Y N		EIPLEPSY	Y N
CANCER	Y N		GLAUCOMA	Y N
STROKE	Y N		TB	Y N
ANEMIA	Y N	TYPE		
BLOOD PRESS.	Y N	HI/LO		
CARDIAC	Y N	TYPE		
HEPATITIS	Y N	TYPE		
RESPIRATORY	Y N	TYPE		

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BLIND	Y N	L R B	PACEMAKER	Y N
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ANEMIA	Y N	TYPE		
BLOOD PRESS.	Y N	HI/LO		
CARDIAC	Y N	TYPE		
HEPATITIS	Y N	TYPE		
RESPIRATORY	Y N	TYPE		

Are you an organ donor? Y N
 Are you a caregiver? Y N
 Do you pick someone up from school, daycare, etc? Y N
 Do you have a pet at home? Y N
 Do you have a healthcare surrogate? Y N

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Name _____ Phone _____

Name _____ Phone _____

DO NOT RESUCITATE ORDER Y N
 LOCATION _____

DO NOT RESUCITATE ORDER Y N
 LOCATION _____

EMERGENCY CONTACT 1

NAME _____ PHONE _____
 ADDRESS _____ CELL _____
 RELATIONSHIP _____ EMPLOYMENT _____

EMERGENCY CONTACT 2

NAME _____ PHONE _____
 ADDRESS _____ CELL _____
 RELATIONSHIP _____ EMPLOYMENT _____

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INSTRUCTIONS

This form is divided into two identical columns, so accurate information can be maintained for two people. Update it each time there is a change in your personal information, medications and/or medical conditions OR at least twice a year - such as when you change your clocks for Daylight Savings Time. Once the form is completed, fold the form and insert into the plastic file holder and place it on the door of your refrigerator. Place the enclosed sticker on your front door or window, so emergency responders will know you have a File of Life available.

The easiest way to maintain your file is to go to www.leecountyinjuryprevention.org. There, you can type the information in the fields, print the completed form, and save the form on your computer. You can also print a blank form to fill out by hand.

Fall Prevention Tips

- Remove small throw rugs or use double-sided tape.
- Install grab bars in your shower and next to your toilet.
- Improve the lighting in your home.
- Keep items most commonly used in cabinets within easy reach.
- Install handrails and adequate lighting in staircases.
- Use non-slip mats in the tub and on shower floors.
- Wear shoes that give good support and have thin, non-slip soles.
- Begin a regular exercise program.
- Review all medications with your doctor and/or pharmacist.
- Have your vision checked regularly.

Fall prevention tips courtesy of the CDC

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www.lee-ems.com

Gold

Silver

Silver