



I.C.E.

WHO IS YOUR EMERGENCY CONTACT?

YOUR NAME: \_\_\_\_\_

EMERGENCY CONTACT'S NAME: \_\_\_\_\_

Relation: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Are we authorized to release medical information to this person if requested?

YES

NO