

Be Prepared – In Case of Emergency (I.C.E.)

FOR YOUR CELL PHONE

Since First Responders and Law Enforcement are trained to check cell phones for personal contact information, make sure to add an I.C.E. contact to your phone by following these steps:

1. Create a contact named ICE
2. Enter the name and phone number of your emergency contact plus any essential medical information in your ICE Contact's note section (allergies, medication, medical condition, blood type, Physician's name, etc.)

FOR YOUR CAR AND WALLET

Complete an I.C.E. card below for yourself and every family member. Keep a copy of the card(s):

- In your wallet behind your driver's license
- In your child's backpack
- In your car's glove box or center console.

To fill out I.C.E. cards and print: 1) Position pointer inside a field and click. 2) Enter text. 3) After entering text, press Tab to accept and to go to the next field. 4) Once you have filled in the appropriate fields, select File then select Print.

<p>In Case of Emergency  Meemic</p> <p>MY NAME <input style="width: 280px; height: 20px;" type="text"/></p> <p>PHYSICIAN INFORMATION</p> <p>NAME <input style="width: 280px; height: 20px;" type="text"/></p> <p>PHONE <input style="width: 280px; height: 20px;" type="text"/></p> <p>CITY <input style="width: 280px; height: 20px;" type="text"/></p> <hr style="border-top: 1px dashed gray;"/> <p>Emergency Contacts</p> <p>NAME <input style="width: 280px; height: 20px;" type="text"/></p> <p>PHONE <input style="width: 280px; height: 20px;" type="text"/></p> <p>NAME <input style="width: 280px; height: 20px;" type="text"/></p> <p>PHONE <input style="width: 280px; height: 20px;" type="text"/></p> <p>MEDICAL INFORMATION – ALLERGIES, CONDITIONS & MEDICATIONS</p> <input style="width: 320px; height: 30px;" type="text"/>	<p>In Case of Emergency  Meemic</p> <p>MY NAME <input style="width: 280px; height: 20px;" type="text"/></p> <p>PHYSICIAN INFORMATION</p> <p>NAME <input style="width: 280px; height: 20px;" type="text"/></p> <p>PHONE <input style="width: 280px; height: 20px;" type="text"/></p> <p>CITY <input style="width: 280px; height: 20px;" type="text"/></p> <hr style="border-top: 1px dashed gray;"/> <p>Emergency Contacts</p> <p>NAME <input style="width: 280px; height: 20px;" type="text"/></p> <p>PHONE <input style="width: 280px; height: 20px;" type="text"/></p> <p>NAME <input style="width: 280px; height: 20px;" type="text"/></p> <p>PHONE <input style="width: 280px; height: 20px;" type="text"/></p> <p>MEDICAL INFORMATION – ALLERGIES, CONDITIONS & MEDICATIONS</p> <input style="width: 320px; height: 30px;" type="text"/>
<p>< FOLD HERE ></p>	