



ICE

EMERGENCY MEDICAL INFORMATION FORM

This **CONFIDENTIAL** medical information form will be used **only** in the case of a medical emergency. Please keep one for each traveller in your vehicle glove box.

Name:			
Date of Birth:			
EMERGENCY CONTACT DETAILS			
In a medical emergency, please notify: Emergency Contact Person #1			
Name:		Home Phone:	
Relationship:		Mobile Phone:	
In a medical emergency, please notify Emergency Contact Person #2			
Name:		Home Phone:	
Relationship:		Mobile Phone:	
KNOWN ALLERGIES? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please list, including any medication or special needs:</i>			
PRE-EXISTING MEDICAL CONDITIONS? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please list, including any medication or special needs:</i>			
Medicare No.:		Ambulance Cover:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I give my permission, in the case of a medical emergency, to provide the above information to attending medical or first response personnel.			
Signature:		Date:	
Guardian (if person under 18 years of age) Name:			
Signature		Date:	