

This form has been developed for performers to use in their kit where clients can locate it **In Case of Emergency**. Feel free to add or delete from the form for your usage. Please see Cheryl's blog at www.BayAreaStars.com/blog/ice. You might want to add to your contract for your clients where this ICE form is located at (as well as any agents you work for).

In Case of Emergency (ICE)

This information is to be used in the event of a medical emergency **ONLY** and not to be used for personal information or to contact me for future bookings. Always contact the agency which you originally hired me from.

ALLERGIES:

- Medicine:
- Nature (bugs, bushes, food, etc.):
- Man Made (latex, etc.)

PRIMARY QUICK NEED INFORMATION:

- Birth date
- Major Medical Issues
- Minor Medical Issues
- Internal/External Health Items (pacemaker, hearing aid, etc.)
- See list of prescribed and OTC medicine listed later on form (yes / no)
- See list of surgeries listed later on form (yes / no)

IF YOU ARE FEMALE AND PREGNANT:

Any information necessary: including OB/GYN, complications, risk factors, due date.

SECONDARY QUICK NEED INFORMATION:

- Primary Language and Secondary Language
- Blood Type
- State Advanced Health Care Form is on file at _____ hospital or found at _____
- Power of Attorney Form is on file at _____ or found at _____ (CA no longer uses this form for medical and instead uses the CA Advanced Health Care Form) which means the Power of Attorney is used only for legal and financial matters in CA.
- Statement of Authorized Representative is on file at _____ hospital. (Cheryl –form creator – personal note: Kaiser has mine on file for my three ICE contacts along with my State Advanced Health Care Form, but I do not know if other places require this form or not).

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ORGAN DONOR:

I have a signed organ donor card located at _____ please inform the doctor / ambulance / hospital so they can honor those wishes.

RELIGION:

I practice _____ and please inform the doctor/ambulance/hospital so they can honor those wishes.

PLACE OF WORSHIP:

I wish for you to contact the following congregation I am a member of:

PERSONAL INFORMATION:

Full Real Name

Physical Living Residence

Mailing Address

Home Number

Office Number

Cell Number

Car Key (where I put my key when I perform)

Vehicle Information (year/make/model/color/license #) – (so you can find it parked in the area)

Driver's License Number

EMERGENCY CONTACT PERSON #1:

Full Real Name

Relationship to You

Physical Living Residence

Home Number

Office Number

Cell Number

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EMERGENCY CONTACT PERSON #2:

Full Real Name
Relationship to You
Physical Living Residence
Home Number
Office Number
Cell Number

EMERGENCY CONTACT PERSON #3:

Full Real Name
Relationship to You
Physical Living Residence
Home Number
Office Number
Cell Number

PRIMARY MEDICAL INSURANCE CARRIER:

Name
Membership Number
Group Number
Emergency Contact Phone Number

PRIMARY DENTAL INSURANCE CARRIER:

Name
Membership Number
Group Number
Emergency Contact Phone Number

PRIMARY VISION INSURANCE CARRIER:

Name
Membership Number
Group Number
Emergency Contact Phone Number

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PRIMARY CHIROPRACTOR INSURANCE CARRIER:

Name
Membership Number
Group Number
Emergency Contact Phone Number

ADDITIONAL Medical Contacts I see:

Name
Membership Number
Group Number
Emergency Contact Phone Number

AUTOMOBILE HANDICAP PLACARD:

I have one (yes/no)
It may be hanging on my mirror, but if not, where is it when NOT in use
Where is authorization form kept

SURGERY LIST:

-

PRESCRIBED MEDICINE LIST:

-

OTC MEDICINE/VITAMIN/SUPPLEMENT LIST:

-

END OF ICE FORM