

Save the Children's My ICE Card

(In Case of Emergency Contact Card)

Directions: Please fill out the following information with your parent or guardian. Place this card in your book bag or wallet to keep with you at all times.

My Information

First and Last Names: _____

Nickname: _____ Birthday: ___/___/___

Home Address: _____

Home Phone: _____

My Out-of-Town Contact's Information (in case local contacts cannot be reached)

First and Last Names: _____

Home/Cell Phone: _____

Email: _____

Relation to me (friend, uncle): _____

My Doctor's Information

First and Last Names: _____

Work Phone: _____

Cell Phone: _____

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My Parent's/Guardian's Information

First and Last Names: _____

Work Address: _____

Work Phone: _____

Home/Cell Phone: _____

Email: _____

My Local Contact's Information (in case parents cannot be reached)

First and Last Names: _____

Home/Cell Phone: _____

Email: _____

Relation to me (friend, uncle): _____

Medical or Special Care Information

I have the following medical conditions and/or allergies: _____

I take the following prescription medications:

I need the following medical treatment or care:

Teachers and parents, print and fill out your own ICE Cards at SavetheChildren.org/Ice.



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