In Case of Emergency (ICE)
Complete and place in sealed envelope marked In Case of Emergency (ICE)
Store on bike or person (TBD).

My name is: _____

My Cellular is: _____

My date of birth is (mm/dd/yr): _____

My blood type is:

My doctor is: _____Ph# (_____)_____

My home address is: _____

My ride is: _____

I am allergic to: _____

I am taking the following medication: _____

I have the following medical conditions: _____

ICE contacts - Name, Relationship, Phone work, home, cell

#1: _____

#2: _____

#3: _____

Travel insurance #_____

_____

BC Services Card or CareCard#_____

BC Driver License #_____

Consider attaching photocopy of BCDL, CareCard, and Passport.