The Osher Lifelong Learning Institute (OLLI) at the University of Richmond School of Continuing Studies
OLLI Students On Campus and Beyond Travel Safely With I.C.E. (In Case of Emergency Info)

ICE Pack (In Case of Emergency Information)

Full Name_____ Age____ Sex ____ Home Phone ( ) _____
Cell Phone ( )_____ Email _____
Address_____City_____State____Zipcode_____
Family Physician_____Office Phone ( )_____
Insurance
Company_____Policy#/ID#_____

In an Emergency, please notify:

Name_____Relationship_____
Work Phone: ( )_____Home Phone: ( )_____Cell Phone: ( )_____
Home
Address_____City_____State_____Zipcode_____
Email _____

Health History

Allergies and reactions: _____
Medical conditions:_____
Current tetanus shot? Yes/No Date of shot:_____ Blood type: _____
List your current medications with dosage directions: _____
I give permission to anyone helping me in an emergency to administer (check all those that apply)
__Tylenol __Advil ___Benedryl ___Cough drops ___Sudafed ___Antacid ___
Other_____
Dietary considerations/allergies: _____
Other important health related information about myself:

_____

_____ _____
Signature Date