

## In Case of Emergency Card - ICE

IN CASE OF EMERGENCY	
My name is	
	-
This card provides vital information	
should I be unconscious and need medical care.	
I have the documents checked below:	
Advanced Health Care Directive	
HIPAA Release Form	
Allergic to:	
Please contact these people in this order:	
#1 Contact	
Phone 1:	
Phone 2:	
#2 Contact	
Phone 1:	
Phone 2:	
#3 Contact	
Phone 1:	
Phone 2:	

## **STEPS**

- 1. Fill in your name on this line.
- 2. If you have Advanced Health Care Directive or HIPAA Release form, click on the box and an X will appear.
- 3. List any allergies to medicines or foods.
- 4. Enter the name of the person to contact in case of an emergency and all their phone numbers. After the number, designate "H" for home, "C" for cell, "W" for work.
- 5. When completed print the page, cut out the card, fold it and put in your wallet.
- 6. Some people have this laminated or use a "plastic" cover.
- This form is provided by Archer Pointe Wealth Management where our goal is your financial peace of mind.
- Being prepared in an emergency is important for your health care and this card could help.
- The quality of your life is dependent on the quality of your financial decisions. For more information about how to have financial peace of mind go to:

www.archerpointewm.com

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