

**In
Case of
Emergency**

Record information about
your ICE partner on this card.
Keep it handy so you can help,
in case of an emergency.

Name: _____

DOB: ____/____/____ Blood type: _____

Health problems/medical conditions: _____

Medications: _____

Allergies: _____

Primary care doctor: _____

Doctor's phone number: _____

Salem Fire Department, 370 Trade St SE, Salem OR 503-588-6245

