

ICE

Bay Area Sea Kayakers *In Case of Emergency Form*

The purpose of this form is to provide health information to fellow BASKers, emergency health providers, and other rescue personnel. Filling it out and carrying it is completely voluntary and not required by BASK.

Print out this form, laminate it or put it in a ziplock bag, and put it in a location that will be easy for first responders to find, such as your PFD, gear bag, or wallet.

Name

Birth Date

Address

Phone

Emergency Contact 1

Relationship

Phone

Emergency Contact 2

Relationship

Phone

Insurance carrier

Phone

Policy no.

Physician

Phone

Location

Dentist

Phone

Location

Medical conditions

Allergies

Medications - prescription /nonprescription