



# Templates

Created & Designed by Dr. Jennifer A. Lentz

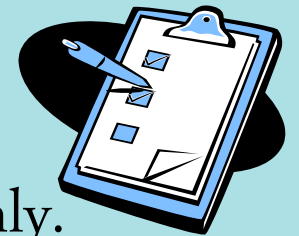
# Templates by Dr. Jennifer A. Lentz



The following templates were created in order to provide people with an easy, straight forward way of organizing and keeping track of important information.

The following slides show screen captures of each template.

A pdf (with click and fill fields) of each template can be downloaded for free by either clicking on the image of the template or the link at the bottom of the slide.



These templates are designed for personal use only.

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# In Case of Emergency (ICE) Card Template

This template lets you create ICE cards for 2 different people with 4 copies of each person's card.



In Case of Emergency (ICE) Cards for Person #1  
(Front Side)

**Emergency Information**

Full Name			
D.O.B.			
Blood Type	<input type="text"/>	<input type="text"/>	
Health Conditions			
Medications			
Allergies			

In Case of Emergency (ICE) Cards for Person #1  
(Back Side)

**Emergency Contacts**

Name of Family Member	Relation	State	Home Phone	Cell Phone

Name of Doctor	Type of Doctor	State	Office Phone

In Case of Emergency (ICE) Cards for Person #1  
(Front Side)

**Emergency Information**

Full Name			
D.O.B.			
Blood Type	<input type="text"/>	<input type="text"/>	
Health Conditions			
Medications			
Allergies			

*Put in Wallet*

In Case of Emergency (ICE) Cards for Person #2  
(Front Side)

**Emergency Information**

Full Name			
D.O.B.			
Blood Type	<input type="text"/>	<input type="text"/>	
Health Conditions			
Medications			
Allergies			

*Put in Wallet*

In Case of Emergency (ICE) Cards for Person #1  
(Front Side)

**Emergency Information**

Full Name			
D.O.B.			
Blood Type	<input type="text"/>	<input type="text"/>	
Health Conditions			
Medications			
Allergies			

*Put in Car*

In Case of Emergency (ICE) Cards for Person #2  
(Front Side)

**Emergency Information**

Full Name			
D.O.B.			
Blood Type	<input type="text"/>	<input type="text"/>	
Health Conditions			
Medications			
Allergies			

*Put in Car*

In Case of Emergency (ICE) Cards for Person #1  
(Front Side)

**Emergency Information**

Full Name			
D.O.B.			
Blood Type	<input type="text"/>	<input type="text"/>	
Health Conditions			
Medications			
Allergies			

*Extra Copies*

In Case of Emergency (ICE) Cards for Person #2  
(Front Side)

**Emergency Information**

Full Name			
D.O.B.			
Blood Type	<input type="text"/>	<input type="text"/>	
Health Conditions			
Medications			
Allergies			

*Extra Copies*

This Form was Created by Dr. Jennifer A. Lentz © 2012 and is Available Online at: <http://JenniferALentz.info/Templates/ICEcardTemplate.pdf>

In Case of Emergency (ICE) Cards for Person #2  
(Back Side)

**Emergency Contacts**

Name of Family Member	Relation	State	Home Phone	Cell Phone

Name of Doctor	Type of Doctor	State	Office Phone

In Case of Emergency (ICE) Cards for Person #1  
(Back Side)

**Emergency Contacts**

Name of Family Member	Relation	State	Home Phone	Cell Phone

Name of Doctor	Type of Doctor	State	Office Phone

In Case of Emergency (ICE) Cards for Person #2  
(Back Side)

**Emergency Contacts**

Name of Family Member	Relation	State	Home Phone	Cell Phone

Name of Doctor	Type of Doctor	State	Office Phone

In Case of Emergency (ICE) Cards for Person #1  
(Back Side)

**Emergency Contacts**

Name of Family Member	Relation	State	Home Phone	Cell Phone

Name of Doctor	Type of Doctor	State	Office Phone

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The Above Template is Available for Free Download at: <http://JenniferALentz.info/Templates/ICEcardTemplate.pdf>