



## Ice Creek Lodge Medical/Contact Information Form

The information you provide on this form will be kept strictly confidential and will only be used by employees or the principal of Ice Creek Lodge and/or rescue/medical personnel **in the event of an emergency.**

**Name:**

**Email Address:**

**Cell:**

**Work:**

- 
1. Please list any allergies you have:
  2. Describe any chronic disabilities or illness you have (e.g. heart condition, high blood pressure, epilepsy, diabetes, asthma etc.):
  3. Are you on any medications, and if so, what medication and for what condition?
  4. Do you have any physical limitations? (e.g. previously injured knee, spinal column, or other limitations)

---

### EMERGENCY CONTACT INFORMATION

**Name:**

**Relationship:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Email Address:**

---

**Thank you,**

**Russell and Courtney Hulbert**