



**ICE**

In Case of Emergency

**ICE IS A PROGRAM OF THE  
CARLOS OTIS STRATTON MOUNTAIN  
MEDICAL CLINIC**

The Clinic is an independent non-profit organization that provides emergency medical services and scheduled appointments to the Stratton Mountain community. ICE is a program that offers you the opportunity to give us advance information on your family in case there is a medical emergency on the mountain.

**Instructions:**

- 1. Complete the information card (both sides) for each member of your family whom you would like to register.**
- 2. Bring your information and your ski pass to the clinic any ski day between 9:00 and 11:00 am.**
- 3. Turn in your card and have your ski pass tagged so that we can immediately identify those who are registered.**

**Medical Information**

**Prior Medical History (Surgeries, diseases, illnesses):**

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**Medications Taken on a Regular Basis:**


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**Allergies to Food, Medications or Other:**

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	<p><b>Carlos Otis Stratton Mountain Medical Clinic</b></p> <p>P.O. Box 617, Stratton Mountain, Vermont 05155 Tele: 802-297-2300 Fax: 802-297-3412</p>	
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# ICE Registration Card

## Emergency Contact Information

### Primary Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Local Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Alternative Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Local Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Other ways to reach emergency contacts** (radio channel, beeper, etc.):

\_\_\_\_\_

## Passholder Information:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Submitted \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_



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