



“In Case of Emergency” (ICE) Contact Form

From time to time members of the church have an emergency that requires a connection with your extended family. The St John’s Caring Circle asks that each adult provide this information in case, for example, you and the family members we know are involved in an accident. The information will be strictly confidential, will remain in a secure, safe location, and will be used only in a true emergency when it is not possible to communicate with the individual person directly. Thank you for helping us in our caring ministry.

**Your Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Is this person your durable power of attorney  yes  no

**Alternate Contact Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Is this person your durable power of attorney  yes  no

**Durable Power of Attorney**, if not held by one of the above:

Name : \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please check one option below and sign the form:

Yes, please keep the above information in a secure, safe location, to be used only in a true emergency when it is not possible to communicate with me directly.

No, I choose not to disclose this information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_