****Please copy the In Case of Emergency (I.C.E) card on hot pink paper****

In Case of Emergency (I. C. E.) Card—Nursing Student **Student Name**:_____ **Faculty Name:** _____ **Faculty Phone /contact**:_____ **School**:_____ **School Phone** (if unable to reach faculty)_____ **Emergency Contact name** (Family/Other): _____ **Emergency Contact phone:** _____ **Other:**_____	**In Case of Emergency (I. C. E.) Card—Nursing Student** **Student Name**:_____ **Faculty Name:** _____ **Faculty Phone /contact**:_____ **School**:_____ **School Phone** (if unable to reach faculty)_____ **Emergency Contact name** (Family/Other): _____ **Emergency Contact phone:** _____ **Other:**_____
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