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

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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