

EMERGENCY INFORMATION

DATE: _____

INDIVIDUAL'S NAME _____ DATE OF BIRTH _____
 (LAST) (FIRST) (MIDDLE)

ADDRESS _____ PHONE _____
 (STREET) (CITY) (ZIP CODE)

S.S # _____ MEDICARE # _____ MEDICAID # _____

TRANSPORT PROVIDER/PH # _____ CELL # _____

	NAME	ADDRESS	PHONE	EMPLOYER/PHONE
Mother/Responsible Party				
Father/Responsible Party				
Provider Name/Contact (if applicable)				
Court Appointed Guardian				

EMERGENCY BACKUPS: Identify two neighbors or relatives with a local telephone and available transportation who have agreed to relay a message and/or pick up the individual in an emergency:

1) _____

2) _____

NAME ADDRESS PHONE

HEALTH INFORMATION

INDIVIDUAL'S: HEIGHT: _____ Feet _____ Inches WEIGHT: _____ lbs. AGE: _____ Yrs.

Last Physical Exam: _____ Last Vision Exam: _____ Last Dental Exam: _____
 (DATE) (DATE) (DATE)

Immunizations Last Year: Type/Date: _____ Last Tetanus Date: _____

HEALTH/MEDICAL PROBLEMS	PHYSICAL LIMITATIONS	DIET INFORMATION	ALLERGIES

LIST ALL CURRENT MEDICATIONS THE INDIVIDUAL TAKES DAILY, WHETHER AT HOME/SCHOOL/WORKSHOP. IF NO MEDICATION IS TAKEN, WRITE NONE

NAME AND DOSE OF MEDICATION	NAME AND DOSE OF MEDICATION	NAME AND DOSE OF MEDICATION

NOTE: IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO INFORM THE SCHOOL/WORKSHOP NURSE IMMEDIATELY OF CHANGES IN THIS INFORMATION. SERVICES MAY BE INTERRUPTED IF CURRENT EMERGENCY INFORMATION IS NOT PROVIDED.

