EMERGENCY INFORMATION

NAME: _____

HEALTH CARD# _____

PARENT/GUARDIAN NAME: _____

PHONE # _____

ALTERNATE EMERGENCY CONTACT (other than parents):

_____**PHONE #** _____

FOOD ALLERGIES :

MEDICATION ALLERGIES:

MEDICATIONS CURRENTLY TAKING:

INFORMATION REGARDING HEALTH/MEDICAL ISSUES OR BEHAVIOURAL ISSUES THAT WILL BE NECESSARY FOR PROGRAM LEADERS TO KNOW:

BEHAVIOURAL ISSUES

_____

BEST METHOD TO DISFUSE A BEHAVIOURAL EPISODE

_____