EMERGENCY INFORMATION CARD

RESIDENT: ________________________________
PARENT/GUARDIAN: ______________________________ HOME #: ______________
ADDRESS: ____________________________________ WORK #: ______________

OTHER CONTACT PERSONS:
NAME: ____________________________ PHONE: ________________
NAME: ____________________________ PHONE: ________________

MEDICAID #: _______-______-__________-_____

OTHER INSURANCE: ____

PRIMARY PHYSICIAN: ________________________________
ADDRESS: ____ PHONE: ______________
DENTIST: ____ PHONE: ______________

OTHER PHYSICIANS:
NAME: ____________________________ PHONE: ________________
NAME: ____________________________ PHONE: ________________

MEDICAL CONDITIONS: SEIZURE ( ) YES ( ) NO

(RECORD ADDITIONAL MEDICAL INFORMATION ON BACK)
ALLERGIES; ( ) YES ( ) NO, IF YES PLEASE LIST BELOW:

EMERGENCY INFORMATION CARD

RESIDENT: ________________________________
PARENT/GUARDIAN: ______________________________ HOME #: ______________
ADDRESS: ____________________________________ WORK #: ______________

OTHER CONTACT PERSONS:
NAME: ____________________________ PHONE: ________________
NAME: ____________________________ PHONE: ________________

MEDICAID #: _______-______-__________-_____

OTHER INSURANCE: ____

PRIMARY PHYSICIAN: ________________________________
ADDRESS: ____ PHONE: ______________
DENTIST: ____ PHONE: ______________

OTHER PHYSICIANS:
NAME: ____________________________ PHONE: ________________
NAME: ____________________________ PHONE: ________________

MEDICAL CONDITIONS: SEIZURE ( ) YES ( ) NO

(RECORD ADDITIONAL MEDICAL INFORMATION ON BACK)
ALLERGIES; ( ) YES ( ) NO, IF YES PLEASE LIST BELOW: