

## Emergency Information and Contacts

Student's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Allergies:**

**Pre-Existing Conditions:**

**Other Medical Concerns:**

**Significant Behaviors:**

**Self-Preservation Skills:**

**Primary Emergency Contacts:**

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Insurance Info:

**Provider:**

Home Address:

Card / Policy #:

Primary Subscriber:

Medicaid #:

**I give my permission for the following people to pick my child up at ABA:**

1. Name:	Phone:	Relation:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_