Family Contact Information:

Family Name:	
Child's Name/Nickname	
Child's Preferred Pronouns:	
Phone Number:	
Address:	
Email Address:	

Primary Contact:	
Name:	
Relationship:	
Phone Number:	
Email Address:	

Secondary Contact:	
Name:	
Relationship:	
Phone Number:	
Email Address:	

Additional Family Members:

Name:	
Relationship:	
Phone Number:	

Name:	
Relationship:	
Phone Number:	

Neighbor/Friend:

Name:	
Phone Number:	
Email Address:	

Work Contact:

Name:	
Phone Number:	
Email Address:	

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Emergency Contact Information:

Name:	
Relationship:	
Phone Number:	
Email Address:	

Name:	
Relationship:	
Phone Number:	
Email Address:	

Name:	
Relationship:	
Phone Number:	
Email Address:	

Quick Emergency Information Facts:

Current Diagnosis(es):	
Current Medication/ Dosages:	
Allergies (food/dyes/medicines/latex):	
Medic-Alert Member Number:	
Crisis Plan and Location of Plan:	
No Contact Family Member Names:	

***Please call 911 for immediate emergency assistance.**

24/7 Suicide and Crisis Lifeline 988 or 800-273-8255

24/7 Crisis Counseling 800-985-5990

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Medical Provider Contact Information:

Primary Care Physician's Name:	
Specialist:	
Hospital Affiliation:	
Phone Number:	
Address:	

Primary Care Physician's Name:	
Specialist:	
Hospital Affiliation:	
Phone Number:	
Address:	

Primary Care Physician's Name:	
Specialist:	
Hospital Affiliation:	
Phone Number:	
Address:	

Primary Care Physician's Name:	
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Phone Number:	
Address:	

Primary Care Physician's Name:	
Specialist:	
Hospital Affiliation:	
Phone Number:	
Address:	

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Therapist Contact Information:

Therapist Name:	
Therapy Type:	
Practice Affiliation:	
Phone Number:	
Address:	
Email Address:	

Therapist Name:	
Therapy Type:	
Practice Affiliation:	
Phone Number:	
Address:	
Email Address:	

Therapist Name:	
Therapy Type:	
Practice Affiliation:	
Phone Number:	
Address:	
Email Address:	

Therapist Name:	
Therapy Type:	
Practice Affiliation:	
Phone Number:	
Address:	
Email Address:	

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Insurance/Waiver Management Information:

Primary Insurance Company:

Policy Number:	
Group Number:	
Other Important Contacts:	

Secondary Insurance Company:

Policy Number:	
Group Number:	
Other Important Contacts:	

Medicaid Policy Information:

RID Number:	
Managed Care Organization:	
Case Manager Name:	
Case Manager Phone:	
Case Manager Email:	

Supplemental Insurance Company:

Policy Number:	
Group Number:	

Medicaid Waiver Management:

Management Company:	
Case Manager Name:	
Case Manager Phone:	
Case Manager Email:	

Waiver Provider Contact Information:

Contact Name:	
Service/Therapy:	
Phone Number:	
Address:	
Email Address:	

Contact Name:	
Service/Therapy:	
Phone Number:	
Address:	
Email Address:	

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Durable Medical Equipment/Assistive Communication Device Company:

Contact Name:	
Phone Number:	
Address:	
Email Address:	
Equipment Description:	
Equipment Age:	
Equipment Manufacturer/Model Number:	
Equipment Measurements and Weight Limitation/Other:	

Contact Name:	
Phone Number:	
Address:	
Email Address:	
Equipment Description:	
Equipment Age:	
Equipment Manufacturer/Model Number:	
Equipment Measurements and Weight Limitation/Other:	

Pharmacy Contact Information:

Pharmacy Name:	
Medication Name:	
Prescription Number:	
Phone Number:	
Address:	

Pharmacy Name:	
Medication Name:	
Prescription Number:	
Phone Number:	
Address:	

Pharmacy Name:	
Medication Name:	
Prescription Number:	
Phone Number:	
Address:	

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Education Contact Information:

School Name:	
Phone Number:	
Address:	

Teacher Name:	
Phone Number:	
Email Address:	

Teacher of Record:	
Phone Number:	
Email Address:	

Instructional Assistant:	
Phone Number:	
Email Address:	

School Nurse:	
Phone Number:	
Email Address:	

School Counselor/ Therapist:	
Phone Number:	
Email Address:	

After-Care Contact:	
Phone Number:	
Email Address:	

Special Education Director:	
Phone Number:	
Email Address:	

504 Coordinator:	
Phone Number:	
Email Address:	

Education Advocate/Liaison:	
Phone Number:	
Email Address:	

**Remember to keep copies of Individual Education Plan, 504, Behavior, Elopement, and Allergy/Asthma/Seizure Action Plans updated and easily accessible. Always ask for copies of these yearly and when any information has been amended.*

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