

EMERGENCY INFORMATION AND MEDICATION FORM

Participant Name: _____ Date of Birth: _____ Form Completion Date: _____

PRIMARY CONTACT INFORMATION

Parent/Guardian/Representative #1	Parent/Guardian/Representative #2
Name:	Name:
Address:	Address:
Phone(s):	Phone(s):
Email:	Email:
<i>For participants <u>18 yrs and older</u>, indicate if this contact is Legal Guardian or Medical POA.* <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	<i>For participants <u>18 yrs and older</u>, indicate if this contact is Legal Guardian or Medical POA.* <input type="checkbox"/> Yes <input type="checkbox"/> No</i>

***If there is a Legal Guardian or Medical POA for a participant 18 and older, that is not listed above, please provide the contact information here:**

Name: _____ Phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION

Please list at least 1 person (other than those above) to be contacted in case of an emergency.

Name:	Relationship:	Phone:	Alt. Phone:
Name:	Relationship:	Phone:	Alt. Phone:

MEDICAL CONTACT INFORMATION

Insurance Name:	Policy Number:
Subscriber Name:	Subscriber DOB:
Physician Name:	Physician Phone:

EMERGENCY INFORMATION AND MEDICATION FORM – PG. 2

Participant Name: _____ Date of Birth: _____ Form Completion Date: _____

MEDICAL INFORMATION

List any Health Conditions	List any Medication/Food Allergies
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Will the participant be taking any medication during program hours? Yes No

If yes, please complete MEDICATION DOSAGE CHART – PG. 3 including Physician Signature

OVER-THE-COUNTER (OTC) MEDICATIONS

VFES has the following standing orders for OTC medications to be administered during program hours and at the discretion of the program nurse on an as needed basis:

Acetaminophen, Ibuprofen, Benadryl, Tums, First Aid Cream, Vaseline, Calamine Lotion, Insect Sting Swabs, Ophthalmic Drops, and Hydrocortisone Cream 1%

Please indicate any OTC medications the participant **MAY NOT** have: _____

I hereby authorize VFES program staff to administer OTC medication(s) as indicated above.

Signature: _____

Printed Name: _____

Relationship (circle): Parent Guardian Self

Date: _____

