



Application Form Part 2: Emergency Card

Photo of participant
(2.5" x 3.5")

Participant's Name: _____

Participant's Address: _____

Date of Birth: _____

Child's Diagnosis: _____

Care Card Number: _____

List any allergies your child has:

List any medications your child is currently taking:

Does your child experience seizures? If so, what type?
How often? Include known triggers:

Primary Contact 1

Name: _____

Phone no. _____

Parental Type:

- Parent Grandparent
 Step-parent Foster parent

Primary Contact 2

Name: _____

Phone no. _____

Parental Type:

- Parent Grandparent
 Step-parent Foster parent

Emergency Contact 1

Name: _____

Phone no. _____

Emergency Contact 2

Name: _____

Phone no. _____

Doctor Contact Information:

Doctor Name: _____

Doctor Phone: _____

Dentist Contact Information:

Dentist Name: _____

Dentist Phone: _____

