This document provides critical information to be used in the event of an emergency involving a Melmark New England student.

Identification

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | **Legal Name (Last, First, MI)** | plcLname |
| **Nickname** | plcNickName |
| **Date of Birth** | plcDateofBirth |
| **Current Address or Residential Service Setting** | PlcAddress |
| **Date of Admission** | plcDateOFAdmission |
| **Place of Birth** | plcPlaceOFBirth |
| Picture Date taken | plcPhotodate | | Citizenship | plcCitizenship |
| Race | | plcRace | Primary Language | plcPrimaryLanguage |
| Height (date) | | plcHeight | Gender | plcGender |
| Weight (date) | | plcWeight | Legal Competency Status | plcLegalCompetency |
| Hair Color | | plcHairColor | Guardianship Status | plcGuardianship |
| Eye Color | | plcEyeColor | Other State Agencies Involved With Student | plcOtherState |
| Distinguishing Marks | | plcDistingushMarks | Marital Status of Both Parents | plcParentMarital |
| Case Manager Residential | | | plcCaseManagerResidential | |
| Case Manager Educational | | | plcCaseManagerEducational | |
| Primary Nurse | | | Eglantine Ranoux, RN, BSN | |
| **Educational Surrogate:** (if applicable) | | | plcEducationalSurrogate | |

Emergency Contacts – Personal

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Relation | plcRelation1 | Full Name | plcFullName1 | Primary Language | plcContactPrimaryLanguage1 |
| Address | plcApartment1 | | | Home Phone | plcContactHphone1 |
| Other Phone | plcContactOphone1 |
|  |  |  | | | **E-mail** | plcContactEmail1 |
| 2 | Relation | plcRelation2 | Full Name | plcFullName2 | Primary Language | plcContactPrimaryLanguage2 |
| Address | plcApartment2 | | | Home Phone | plcContactHphone2 |
| Other Phone | plcContactOphone2 |
|  |  |  | | | **E-mail** | plcContactEmail2 |
| 3 | Relation | plcRelation3 | Full Name | plcFullName3 | Primary Language | plcContactPrimaryLanguage3 |
| Address | plcApartment3 | | | Home Phone | plcContactHphone3 |
| Other Phone | plcContactOphone3 |
|  |  |  | | | **E-mail** | plcContactEmail3 |
| 4 | Relation | plcRelation4 | Full Name | plcFullName4 | Primary Language | plcContactPrimaryLanguage4 |
| Address | plcApartment4 | | | Home Phone | plcContactHphone4 |
| Other Phone | plcContactOphone4 |
|  |  |  | | | **E-mail** | plcContactEmail4 |

Emergency Contacts – School

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Full Name, Title | plcSchoolFullName1 | Phone | plcSchoolPhone1 |
| 2 | Full Name, Title | plcSchoolFullName2 | Phone | plcSchoolPhone2 |
| 3 | Full Name, Title | plcSchoolFullName3 | Phone | plcSchoolPhone3 |
| 4 | Full Name, Title | plcSchoolFullName4 | Phone | plcSchoolPhone4 |
| 5 | Full Name, Title | plcSchoolFullName5 | Phone | plcSchoolPhone5 |

Medical and Insurance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Primary Physician | Full Name | plcFullname | Office Phone | plcOfficePhone |
| Address | plcAddress | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance | Insurance Type | plcInsuranceType1 | Policy Number | plcPolicyNumber1 |
| Policy Holder | plcPolicyHolder1 |  | |
| Insurance | Insurance Type | plcInsuranceType2 | Policy Number | plcPolicyNumber2 |
| Policy Holder | plcPolicyHolder2 |  | |

|  |  |
| --- | --- |
| Date of Last Physical Exam | plcLastPhysicalExamDate |
| Medical Conditions/Diagnosis | plcMedicalCondition |
| Allergies | plcAllergies |
| Current Medications | plcCurrentMedications |
| Self Preservation Ability | plcSelfPreservationAbility |
| Significant Behavior Characteristics | plcSignificantBehaviorCharescteristics |
| Relevant Capabilities, Limitations, and Preferences | Capabilities  plcCapabilities |
| Limitations  plcLimitations |
| Preferences  plcPreferances |

Referral/IEP Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Liaison | Full Name, Title | plcLaisonFullname | Phone | plcLaisonPhone |  |

|  |  |
| --- | --- |
| Referring Agency | plcReferringAgency |
| Source of Tuition | plcSourceOfTuition |

Education History

|  |  |
| --- | --- |
| Date Initially Eligible for Special Education | plcInitialDateforSpecialEducation |
| Date of Most Recent Special Education Evaluations | plcDateOfMostRecentSpecialEducationEvaluation |
| Date of Next Scheduled 3-Year Evaluation | plcDateOfNextScheduleEvaluation |
| Current IEP Start Date | plcIepStartDate |
| Current IEP Expiration Date | plcIepExpirationDate |

Schools Attended

Lists schools attended in reverse-chronological order with current placement first.

|  |  |  |
| --- | --- | --- |
| Name | Address | Dates Attended |
| plcSchoolName1 | plcSchoolAddress1 | plcSchoolDate1 |
| plcSchoolName2 | plcSchoolAddress2 | plcSchoolDate2 |
| plcSchoolName3 | plcSchoolAddress3 | plcSchoolDate3 |

Discharge Information

|  |  |
| --- | --- |
| Discharge Date | plcDischargeDate |
| Location After Discharge | plcLocationAfterDischarge |
| Melmark New England’s Follow Up Responsibility | plcFollowUpResponsibilities |