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)** | **zproduction,zproduction,zproduction** |
| **Nickname** | **zz** |
| **Date of Birth** | **04/22/2016** |
| **Current Address or Residential Service Setting** | **Street Address** **Apartment/Unit** **City,AK 00012** **County,United States** |
| **Date of Admission** | **02/23/2017** |
| **Place of Birth** | Place of Birth(Hospital) |
| Picture Date taken |  | | Citizenship | Dual national |
| Race | | 02/01/2019 | Primary Language | First Language |
| Height (date) | | 12.000 ft (02/2019) | Gender | Male |
| Weight (date) | | 12.000 lbs (02/2019) | Legal Competency Status | Legal Competency Status\* |
| Hair Color | | Hair Color | Guardianship Status | Guardianship Status |
| Eye Color | | Eye Color | Other State Agencies Involved With Student | Other State Agencies Involved With Student\* |
| Distinguishing Marks | | Distinguishing Marks | Marital Status of Both Parents | Marital Status of Both Parent |
| Case Manager Residential | | | Case Manager Residential | |
| Case Manager Educational | | | Case Manager Educational | |
| Primary Nurse | | | Eglantine Ranoux, RN, BSN | |
| **Educational Surrogate:** (if applicable) | | |  | |

Emergency Contacts – Personal

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Relation | Legal Guardian | Full Name | Emergency contact,Econtact | Primary Language | uyyui |
| Address | Street Address,Apartment/Unit #,City | | | Home Phone | (111)212-2121 |
| Other Phone | (323)232-3213 |
|  |  |  | | | **E-mail** | ffffff@gfg.hhhhh |
| 2 | Relation |  | Full Name |  | Primary Language |  |
| Address |  | | | Home Phone |  |
| Other Phone |  |
|  |  |  | | | **E-mail** |  |
| 3 | Relation |  | Full Name |  | Primary Language |  |
| Address |  | | | Home Phone |  |
| Other Phone |  |
|  |  |  | | | **E-mail** |  |
| 4 | Relation |  | Full Name |  | Primary Language |  |
| Address |  | | | Home Phone |  |
| Other Phone |  |
|  |  |  | | | **E-mail** |  |

Emergency Contacts – School

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Full Name, Title | FA LA,TA | Phone | (323)242-3423 |
| 2 | Full Name, Title | FB LB,TB | Phone | (456)456-4564 |
| 3 | Full Name, Title | FC LC,TC | Phone | (456)456-4564 |
| 4 | Full Name, Title | TD LD,TD | Phone | (456)456-4564 |
| 5 | Full Name, Title | TE LE,TE | Phone | (435)345-3454 |

Medical and Insurance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Primary Physician | Full Name | Insurance Type | Office Phone | Policy Number |
| Address | Policy Holder | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance | Insurance Type |  | Policy Number |  |
| Policy Holder |  |  | |
| Insurance | Insurance Type |  | Policy Number |  |
| Policy Holder |  |  | |

|  |  |
| --- | --- |
| Date of Last Physical Exam |  |
| Medical Conditions/Diagnosis | Diagnos |
| Allergies | No Allergies |
| Current Medications |  |
| Self Preservation Ability |  |
| Significant Behavior Characteristics |  |
| Relevant Capabilities, Limitations, and Preferences | Capabilities |
| Limitations |
| Preferences |

Referral/IEP Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Liaison | Full Name, Title | dd,ggg | Phone | (345)345-3453 |  |

|  |  |
| --- | --- |
| Referring Agency | rr |
| Source of Tuition | sss |

Education History

|  |  |
| --- | --- |
| Date Initially Eligible for Special Education | 02/23/2017 |
| Date of Most Recent Special Education Evaluations | 02/21/2017 |
| Date of Next Scheduled 3-Year Evaluation | 02/20/2017 |
| Current IEP Start Date | 02/13/2017 |
| Current IEP Expiration Date | 02/16/2017 |

Schools Attended

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

|  |  |  |
| --- | --- | --- |
| Name | Address | Dates Attended |
| SN | ADL,ADL2,CTY1,Kansas | 02/23/2017-02/24/2017 |
| SNA | ADL1,ADL2,CTY1,Indiana | 02/23/2017-02/28/2017 |
| SNB | ADL1A,ADL2A,CTY2,Iowa | 02/23/2017-02/24/2017 |

Discharge Information

|  |  |
| --- | --- |
| Discharge Date | 02/23/2017 |
| Location After Discharge | Location After Discharge |
| Melmark New England’s Follow Up Responsibility | sdfsfs11 |