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)** | **Miller,Mackenzie,Lauren** |
| **Nickname** |  |
| **Date of Birth** | **08/29/2008** |
| **Current Address or Residential Service Setting** | **9625 Pleasant View Lane,Mint Hill,North Carolina,28227,United States of America** |
| **Date of Admission** | **03/12/2020** |
| **Place of Birth** | **Presbyterian Main** |
|  | | Citizenship |  |
| Picture Date Taken | 02/28/2022 | Primary Language |  |
| Race | White | Gender | Female |
| Height (date) | ft (02/28/2022) | Legal Competency Status |  |
| Weight (date) | lbs (02/28/2022) | Guardianship Status |  |
| Hair Color |  | Other State Agencies Involved With Student |  |
| Eye Color | Blue | Marital Status of Both Parents |  |
| Distinguishing Marks |  |  |  |
| Case Manager Residential | |  | |
| Case Manager Educational | |  | |
| Educational Surrogate:(If applicable) | |  | |

|  |  |
| --- | --- |
| Updated: |  |

Emergency Contacts – Personal

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Relation | Mother | Full Name | Miller,Jennifer | Primary Language | English |
| Address | 9625 Pleasant View Lane,Mint Hill | | | Home Phone | (980)260-8901 |
| Other Phone |  |
|  |  |  | | | **E-mail** | support@bathgeniellc.com |
| 2 | Relation | Father | Full Name | Miller,Howard | Primary Language | English |
| Address |  | | | Home Phone |  |
| Other Phone |  |
|  |  |  | | | **E-mail** |  |
| 3 | Relation | District/School Representative | Full Name | Grammar,Bobby | 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 |  | Phone |  |
| 2 | Full Name, Title |  | Phone |  |
| 3 | Full Name, Title |  | Phone |  |
| 4 | Full Name, Title |  | Phone |  |
| 5 | Full Name, Title |  | Phone |  |

Medical and Insurance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Primary Physician | Full Name |  | Office Phone |  |
| Address |  | | |

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

|  |  |
| --- | --- |
| Date of Last Physical Exam |  |
| Medical Conditions/Diagnosis |  |
| Allergies |  |
| Current Medications |  |
| Self Preservation Ability |  |
| Significant Behavior Characteristics |  |
| Relevant Capabilities, Limitations, and Preferences | Capabilities |
| Limitations |
| Preferences |

Referral/IEP Information

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

|  |  |
| --- | --- |
| Referring Agency |  |
| Source of Tuition |  |

Education History

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

Schools Attended

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

|  |  |  |
| --- | --- | --- |
| Name | Address | Dates Attended |
|  |  |  |
|  |  |  |
|  |  |  |

Discharge Information

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