



## MEDICATION & MEDICAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of parent(s) / guardian(s) if applicable: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

(We hope to introduce e-mail as the primary method of communication to announce schedule changes, last minute cancellations, reminders etc. If you do not have access to email please let us know.)

Emergency Phone #: \_\_\_\_\_

Disability: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_

Please list all medications and times of day taken:

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Please list any other medical condition we should know about. (If there is a history of a medical condition currently not presenting, please note the last time the condition presented; i.e. seizures under control with medications.) Please include any type of behavior plan. (If you wish you could send in a copy of any medical information. All information will be kept in confidential files).

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Please note any known allergies:

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Insurance information:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Please list any other information you feel is pertinent in your care:

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## MEDICAL TREATMENT CONSENT

I, \_\_\_\_\_ give my permission for the designated DAWN, CIL personnel to seek medical treatment for me. If such an event were to occur, is there a specific medical institution you would like to be brought to? If so, which one:

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Signature

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Date



## RELEASE OF LIABILITY

I \_\_\_\_\_ the undersigned, participating in DAWN Center for Independent Living, Inc. and/or the Aktion Club events, will not hold either agency, their staff, volunteers, or any other organizer responsible for the loss of any personal property of incident(s) arising from these events.

All parents or guardians are responsible for the welfare and safety of children in their charge.

I understand the above and have no questions.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_ I also give DAWN, Inc. and/or the Aktion Club permission to publish my photograph on their web-sites, in their newsletters, or in their brochures.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*