

### **Your Card**

**Last Name, First Name:**

**DOB:**

**Emergency Contact Name:**

**Emergency Contact Phone:**

**Relationship:**

**Medical Diagnosis:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Medications:**

**Allergies:**

**Seizures (y/n):**

**Verbal or Non-verbal**

**Intellectual Disability (y/n):**

**Ambulatory or Non-ambulatory**