



Last Name: _____ First Name: _____

Date: _____

Special Needs Info Card (Jr High/High School)

GENERAL INFORMATION

Date of Birth: _____ Age: _____ Male ___ Female ___

Address: _____

Emergency Contact #1: _____

Relationship: Mother ___ Father ___ Other _____

Cell Phone: _____

Other Phone: _____

Emergency Contact #2: _____

Relationship: Mother ___ Father ___ Other _____

Cell Phone: _____

Other Phone: _____

Have you been baptized by immersion? Yes ___ No ___

Would you like additional information on baptism? Yes ___ No ___

ACTIVITIES & CHALLENGES

Student enjoys these activities: _____

Circle any behavioral challenges that apply:

Aggressive

Runner

Other/Describe: _____



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MEDICAL INFO

Diagnosis: _____

Medical concerns (please explain and give history): _____

Current medications with instructions (includes dose and time): _____

Seizures (please list type, frequency and protocol for calling 911): _____

Diet (please list allergies, tube feed, and special diet instructions—ex. Gluten free): _____

___ I give Special Needs permission to take a picture of my student for the ECC database.

___ I give Special Needs permission to take any necessary actions to ensure the safety of my student.

Please return this card to ECC Special Needs ministry leader (Michelle Maris)

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