MACHANE JEHUDAH STAFF MEDICAL INFORMATION FORM

INFORMATION BELOW IS REQUIRED BY THE KANSAS DEPT OF HEALTH & ENVIRONMENT. YOU MUST FILL IN ALL INFORMATION REQUESTED. FORMS ARE DUE BY ***June 1, 2012.***

EMERGENCY TREATMENT FORM 2012

NAME: _____ **BIRTHDATE:**_____ **AGE:** _____

Address: _____ City/State:_____ Zip:_____

(IF UNDER 18 YEAR'S OF AGE, A PARENT MUST SIGN THIS FORM)

_____ and/or* _____

Signature of Mother DATE Signature of Father DATE

EMERGENCY CONTACT INFORMATION:

Name:_____Relationship:_____

Home phone:_(___)_____Cell Phone: ( )_____ Work: ( )_____

Name:_____Relationship:_____

Home phone:_(___)_____Cell Phone: ( )_____ Work: ( )_____

Name:_____Relationship: _____

Home phone:_(___)_____Cell Phone: ( )_____ Work: ( )_____

MEDICAL INFORMATION:

PHYSICIAN TO BE CALLED: _____PHONE: (___)_____
Mandatory information, PLEASE look up phone number

DENTIST TO BE CALLED: _____PHONE: (___)_____
Mandatory information, PLEASE look up phone number

HOSPITAL PREFERRED:_____

LAST DPT--TETANUS TOXOID: MO/YR_____ (Please do not write current or on file, look it up and write it in)

Please list any food or other dietary allergies/restrictions and your reactions to them:

_____

_____

RETURN TO B'NAI JEHUDAH BY JUNE 1ST.

MAIL - 12320 Nall Ave, Overland Park, KS 66209, or **DROP OFF** in the office, **FAX** - (913) 206-9544

PRESCRIPTION MEDICATION INFORMATION:

Medications taken on a regular basis: _____No _____Yes

Med #1: _____ Dosage: _____

Med #2: _____ Dosage: _____

Med #3: _____ Dosage: _____

Are you allergic to certain medications? _____No _____Yes

If yes, please be specific:_____

_____

INSURANCE INFORMATION:

(Mandatory information, please fill in all identifying numbers on your insurance card)

DO YOU HAVE HEALTH INSURANCE? _____**No** _____**Yes**

POLICY NAME & NUMBER: _____

DO YOU RECEIVE MEDICAL ASSISTANCE? _**No** _____**Yes**

PROGRAM & CARD NUMBER: _____

IS CHILD ELIGIBLE FOR MILITARY MEDICAL CARE? _____**No** _____**Yes**

ID NUMBER: _____