



My Life. My Future

Community High School District 218 Adult Transition Program

10701 South Kilpatrick Avenue

Oak Lawn, Illinois 60453

phone: (708) 424-2000

fax: (708) 424-7361

Medical Summary Fact Sheet

Name: _____

Date: _____

Parent/Guardian: _____

Phone Number: _____

Cell Phone: _____

Emergency Contact: _____

Phone Number: _____

Allergies: _____

Medical Diagnosis: _____

Restriction: _____

Physician Name

Phone #

Medication

Dosage

Frequency

Consent for Emergency Medical Treatment

I _____ understand that by signing this form I give consent to allow (Parent/Guardians name) District 218 to decide if emergency medical care is needed because it could be harmful to wait for permission. The parent or guardian will be contacted in the event of any emergency. I also give consent to share this form with bus personnel. This information is confidential and will only be used for emergencies

Parent/Guardian: _____

Date: _____