

# Special Medical Needs Request Form

My Name is: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Give the name, address and telephone number of a nearby relative,  
Friend or neighbor who will agree to assist you or your children in an emergency:

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

I require life-saving equipment.

- Oxygen
- Resuscitator
- I have a severe physical handicap.

Describe:

I will require:

- Transportation
- Special transportation
- Ambulance
- Wheel-chair equipped

Comments:

**THIS INFORMATION WILL REMAIN CONFIDENTIAL**

Please notify us if your special medical needs change.