



**N.W.W. COMMITTEE/WEDNESDAY NIGHT DROP-IN
EMERGENCY/MEDICAL INFORMATION FORM
All participants must complete this form to participate.**

Return to: NWW Committee
1301 Centre Street
Newton Centre, MA 02459
617-964-6860

Or bring to the first night of Drop-In.

PARTICIPANT INFORMATION

Name of Participant: _____

Address: _____
Street

City/Town _____ State _____ Zip code _____

Telephone: _____
Day _____ Evening _____

Email Address: _____

Date of Birth: _____ Social Security #: _____

Agency (if applicable): _____

TRANSPORTATION

How is this participant transported to and from Drop-In? If the participant takes THE RIDE,** please give phone # and I.D. # in case of a problem.

Phone # _____ I.D. # _____

**** Please note: Pick-up time should be between 8:15 p.m. and 8:30 p.m.**

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____
Street

City/Town _____ State _____ Zip code _____

Telephone: _____
Day _____ Evening _____

Email Address: _____

OVER ►

SPECIAL CONDITIONS

Known allergies to food: _____

Known allergies to medicine: _____

Does this participant have seizures? Yes ___ No ___ If yes, how often? _____

What type? _____ Date of last seizure: _____

If individual has a seizure, what action should be taken? _____

LEGAL STATUS/GUARDIAN INFORMATION

Name: _____

Address _____

Street

city/town

State

Zip code

Telephone: _____

Day

Evening

Email

N.W.W. DROP-IN MEDICATION FORM

Please note: Data provided on this form is for information purposes only. In an event of an emergency, this form will be given to medical personnel. NWW Committee is not authorized to administer any medications.

Name: _____ Date of Last Physical: ___/___/___

Medical Diagnosis: _____

Primary Care Physician: _____

Name

Phone #

Medication	Time or Frequency	Dosage

Person completing this form _____

Date: _____