



Fresh Start Emergency Health Information



In the unlikely event that a health emergency happens to you while you are at Fresh Start, we will call 9-1-1 and the emergency contact person listed below.

Emergency Contact Person _____
 Emergency Contact Phone Number _____
 Alternate Phone Number _____
 Relationship To Student _____

Health Issues – It would be helpful for my instructors (or paramedics, in the event of an emergency) to know ...

Drug or Food Allergies _____
 Health History of _____
 Other Health Information _____

Last High School Attended _____ Last High School City & State _____
 Last Grade Completed (*circle one*) 8 9 10 11 12 High School Credits Completed _____
 If I had stayed in high school, my class would have graduated in _____ (year)

Do you have a Computer? Y N Internet Access? Y N Email Address _____

How did you originally hear about Fresh Start?

- | | | | |
|--|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> FLYER | <input type="checkbox"/> POSTER | <input type="checkbox"/> SCHOOL/COUNSELOR | <input type="checkbox"/> RADIO |
| <input type="checkbox"/> FRIEND/FAMILY | <input type="checkbox"/> NEWSPAPER | <input type="checkbox"/> POSTCARD | <input type="checkbox"/> OTHER _____ |

Special Education Questions

Fresh Start does not provide Special Education services.

Have you ever received Special Education services? _____ Are you under the age of 21? _____

The information provided to the questions above is accurate and complete. I agree to abide by the policies and rules of and to do my best to progress toward earning a diploma.

Signature _____ Date _____