

## Adapted P.E. Information Card

**Name:** (First)\_\_\_\_\_ (Last)\_\_\_\_\_

**Sex:** (M/F)\_\_\_\_\_ **Phone:** ( )\_\_\_\_\_

**Address:** (Street)\_\_\_\_\_ (Apt #)\_\_\_\_\_

(City)\_\_\_\_\_ CA, (Zip Code)\_\_\_\_\_

**Social Security Number:**\_\_\_\_\_

**Date of Birth:** (mm/dd/yy)\_\_\_\_\_

**Please list ALL disabilities or limiting conditions** (if you have a limiting condition such as arthritis, Parkinson's, stroke, heart condition, high blood pressure, back injury, diabetes, visual impairment, or any other conditions you feel is important for us to know about, please use the following space to briefly explain your condition.):

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## Doctor's Information

**Doctor's Name:** \_\_\_\_\_

**Address:** (Street) \_\_\_\_\_

(City) \_\_\_\_\_ CA (Zip Code) \_\_\_\_\_

**Phone:** (        ) \_\_\_\_\_

## Emergency Contact

**Name & Relation:** \_\_\_\_\_

**Address:** (Street) \_\_\_\_\_

(City) \_\_\_\_\_ CA, (Zip Code) \_\_\_\_\_

**Phone:** (        ) \_\_\_\_\_

## Medications

**List ALL current medications:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_