

My Health Passport (Early)

YOU & i
Youth & Intermountain Health Club

Legal Name: _____

Preferred Name: _____

Date of Birth: _____

Preferred Language: _____

Parent's Language: _____

Address: _____

Cell Phone: _____

Emergency Contacts: _____

Allergies: _____

My Medicine	Dose (<i>how much I take</i>)	Frequency (<i>how often</i>)	Route (<i>how I take it</i>)



Technology Equipment Needs:



How to Communicate with Me:



My School:



Mobility/Equipment Needs:



How I Best Manage Medical Procedures:
