

Caring Adults Developing Youth

Mentoring Program

Creating Vision Through Mentoring

Emergency Information

Mentee Information

Name: _____ Home Phone:() _____

Address: _____

Physician's Name: _____ Phone:() _____

Health Insurance Carrier: _____ Group#: _____

Person Insurance is under: _____ ID#: _____

Please list any known allergies: _____

Please List any know health problems: _____

Please list any medications currently being taken: _____

In case of emergency, please contact: _____ Relationship: _____

Phone:() _____ Alternate phone:() _____

By signing below, I herby authorize _____ to seek medical attention for _____ should a medical emergency arise while my child is in the aforementioned adult's care. I have provided in the proper space above, information concerning medical insurance coverage for my child and authorize it's use should medical care be sought for him/her.

Parent signature: _____ Date: _____

Emergency Numbers

CADY Program Case Manager

Laura Parker (503)325-8601 office

CADY Program Coordinator

Laura Parker (503)325-8601 office

Poison Control Center

1-800-222-1222

***Youngs Bay Detention Center**

(503)861-7190

Clatsop County Sheriff's Dept.

Non-emergency line (503)325-2061

***Astoria Police Dept. (North county dispatch)**

Non-emergency line (503)-325-4411

***Seaside Police Dept. (South county dispatch)**

Non-emergency line (503)738-6311

***These numbers should only be called if no other program staff can be reached. If you have an emergency, please dial 911.**
