



# Highlands Drive Safe Student Profile

## Emergency Contact and Medical Information

Students Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, Postcode	City, Postcode		

## Alternative Emergency Contacts

Primary Emergency Contact	Medical Emergency Contact Doctor		
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, Postcode	City, Postcode		

## Medical Information

Diagnosis:

*Is this diagnosis by a medical specialist Yes / No*

Medication: *Please list all medication currently taking*

Best time of day for a lesson when medication is working effectively:

Worst time of day:

Side effects of medication on student:

Student strengths:

Student challenges: i.e. coordination, delayed processing, reading, writing, sensory etc.

What are your triggers? And what behavior leads up to the meltdown or response?

What is the best strategy to assist you in a meltdown?

Do you have specific sensory issues? i.e. noise, touch, smell etc.

What is your personal passion?

Do you have any rituals you like to do before driving?

Is there anything else you would like to tell us that would help make your learning experience effective and enjoyable?