

EMERGENCY INFORMATION FORM

(This form should be filled out with a member of your child's healthcare team and shared with all emergency responders)

Name: _____ **Birth Date** _____ **Primary language** _____

Home Address: _____

Parent(s)/Guardian(s): _____

Contact Information: 1) _____ **2)** _____
(list by priority) **3)** _____ **4)** _____

Primary Physician: _____

Contact Information: 1) _____ **2)** _____
(list by priority) **3)** _____ **4)** _____

In an emergency: CALL 911 _____

Transport To: _____

Location of child's emergency supplies at home: _____

Location of child's emergency supplies at _____ **:** _____

Additional Comments: _____

EMERGENCY MEDICAL INFORMATION (See child's medical record for full medical history)

Primary Diagnosis: _____

Secondary Diagnosis: _____

Medications: 1) _____ **2)** _____ **3)** _____
4) _____ **5)** _____ **6)** _____

Technology: 1) _____ **3)** _____
2) _____ **4)** _____

Weight _____ **Height** _____ **Last Measured** _____

ALLERGY	WHAT HAPPENS?
1.	
2.	
3.	

PRECAUTIONS AND THINGS TO BE AVOIDED

1. _____

2. _____

3. _____

4. _____

5. _____

CHILD'S BASELINE

Heart Rate: _____ **Respiratory Rate:** _____ **Temperature:** _____ **Blood Pressure:** _____ **O₂ Sat:** _____

Other Comments : _____

EMERGENCY INFORMATION FORM

Immunizations

	Date	Date	Date	Date		Date	Date	Date	Date
DTP					HepB				
OPV					Varicella				
MMR					TB				
HIB					Other				

PROBLEM	RECOMMENDED INTERVENTION

We have discussed and agreed on this plan together.

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____