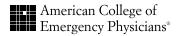
Emergency Information Form for Children With Special Needs



Name:

American Academy of Pediatrics



Date form	
completed	
By Whom	

Revised Revised

Initials Initials

Name:	Birth date: Nickname:						
Home Address:	Home/Work Phone:						
Parent/Guardian:	Emergency Contact Names & Relationship:						
Signature/Consent*:							
Primary Language:	Phone Number(s):						
Physicians:							
Primary care physician:	Emergency Phone:						
	Fax:						
Current Specialty physician:	Emergency Phone:						
Specialty:	Fax:						
Current Specialty physician:	Emergency Phone:						
Specialty:	Fax:						
Anticipated Primary ED:	Pharmacy:						
Anticipated Tertiary Care Center:							
Diagnoses/Past Procedures/Physical Exam:							
1.	Baseline physical findings:						
2.							
3.	Baseline vital signs:						
4.							
Synopsis:							
	Baseline neurological status:						

Diagnoses/Past Pro	cedures/Phy	sical Exa	m continu	ed:						
Medications:					Significant baselir	ne ancillar	y findings (lab, x-ray, E	CG):	
1.										
2.										
3.										
4.					Prostheses/Applia	inces/Adv	anced Techi	nology Devic	es.	
5.					11001110000/1100111	11000/1101	411004 100111	lology Dovic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6.										
Management Da	ta:									
Allergies: Medication	s/Foods to be	avoided			and why:					
1.										
2.										
3.										
Procedures to be avo	ded				and why:					
1.										
2.										
3.										
Immunizations			_					_		
Dates					Dates					
DPT OPV				1	Hep B Varicella					
MMR					TB status					
HIB					Other					
Antibiotic prophylaxis:			Indicati	on:	<u> </u>	Med	dication and	dose:		
Common Preser	ting Probl	ems/Find	dings Wi	th Specific	c Suggested M	anageı	nents			
Problem				ostic Studies			atment Cons	siderations		
Comments on child, f	amily, or othe	r specific n	nedical issu	ues:						
Physician/Provider Si	anature.				Print Name:					