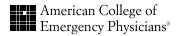
## **Emergency Information Form for Children With Special Needs**



American Academy of Pediatrics



Date form						
completed						
By Whom						

Revised Revised

Initials Initials

Mailig.	BIRTH date: NICKHame:
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: Specialty:	Emergency Phone:
	Fax:
Anticipated Primary ED:	Pharmacy:
Anticipated Tertiary Care Center:	
Diagnoses/Past Procedures/Physical Ex	am:
1.	Baseline physical findings:
2.	
3.	Baseline vital signs:
4.	
Synopsis:	
	Baseline neurological status:

Diagnoses/Past Proced	ures/Physical Exa	m continued:						
Medications:	Significant baselir	ne ancillary	findings (I	ab, x-ray, E(	CG):			
1.								
2.								
3.								
4.	Prostheses/Applia	inces/Adva	nced Techr	nology Devic	es.			
5.	- 1001110000/11ppila	11000/11010	11000 100111	lology Dovid				
6.								
Management Data:								
Allergies: Medications/Fo	ods to be avoided		and why:					
1.								
2.								
3.								
Procedures to be avoided			and why:					
1.								
2.								
3.								
<u> </u>								
Immunizations								
Dates			Dates					
DPT			Hep B					<u> </u>
OPV MMR			Varicella TB status					
HIB			Other	1				
Antibiotic prophylaxis:	l	Indication:		Medi	ication and	dose:		
Common Presentin	a Problems/Find	linas With Specifi	ic Suggested M	anagem	ents			
Problem		ested Diagnostic Studies			ment Cons	idarations		
FIODICIII	Sugge	ested Diagnostic Studies		11601	illelli Golla	iucialions		
Comments on child, fami	ly, or other specific r	nedical issues:						
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Physician/Provider Signat	hire.		Print Name:					