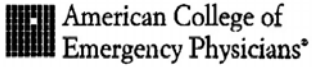


# Emergency Information Form for Children With Special Needs

Last name:



American Academy of Pediatrics



Date form completed	Revised	Initials
By Whom	Revised	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:			

<b>Diagnoses/Past Procedures/Physical Exam:</b>	
1. _____	Baseline physical findings: _____
_____	_____
2. _____	_____
_____	_____
3. _____	Baseline vital signs: _____
_____	_____
4. _____	_____
_____	_____
Synopsis: _____	Baseline neurological status: _____
_____	_____
_____	_____

\*Consent for release of this form to health care providers

Last name: \_\_\_\_\_

<b>Diagnoses/Past Procedures/Physical Exam continued:</b>	
<b>Medications:</b>	<b>Significant baseline ancillary findings (lab, x-ray, ECG):</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	<b>Prostheses/Appliances/Advanced Technology Devices:</b>
5. _____	_____
6. _____	_____

<b>Management Data:</b>	
<b>Allergies: Medications/Foods to be avoided</b>	<b>and why:</b>
1. _____	_____
2. _____	_____
3. _____	_____
<b>Procedures to be avoided</b>	<b>and why:</b>
1. _____	_____
2. _____	_____
3. _____	_____

<b>Immunizations (mm/yy)</b>											
<b>Dates</b>						<b>Dates</b>					
DPT						Hep B					
OPV						Varicella					
MMR						TB status					
HIB						Other					

Antibiotic prophylaxis: \_\_\_\_\_ Indication: \_\_\_\_\_ Medication and dose: \_\_\_\_\_

<b>Common Presenting Problems/Findings With Specific Suggested Managements</b>		
<b>Problem</b>	<b>Suggested Diagnostic Studies</b>	<b>Treatment Considerations</b>

**Comments on child, family, or other specific medical issues:**

\_\_\_\_\_

\_\_\_\_\_

**Physician/Provider Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_