

# Emergency Information Form for Children With Special Needs

Last name:



American Academy of Pediatrics



Date form completed	Revised	Initials
By Whom	Revised	Initials

<b>Name:</b>		Birth date:	Nickname:
Home Address:		Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:		
Signature/Consent*:			
Primary Language:	Phone Number(s):		
<b>Physicians:</b>			
Primary care physician:		Emergency Phone:	
		Fax:	
Current Specialty physician: Specialty:		Emergency Phone:	
		Fax:	
Current Specialty physician: Specialty:		Emergency Phone:	
		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>	
Medications: _____	Significant baseline ancillary findings (lab, x-ray, ECG): _____
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	Prostheses/Appliances/Advanced Technology Devices: _____
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</b>											
<b>Dates</b>											
DPT											
OPV											
MMR											
HIB											
<b>Dates</b>											
Hep B											
Varicella											
TB status											
Other											

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

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

<b>Comments on child, family, or other specific medical issues:</b>	
_____	
_____	
<b>Physician/Provider Signature:</b>	<b>Print Name:</b>