



Emergency Information Form

For children with special needs

Developed by: American College of Emergency Physicians and American Academy of Pediatrics

Date completed:	Revised:	Initials:
By Whom:	Revised:	Initials:

LAST NAME _____

Child Information

Child's First Name _____ Last Name _____

DOB ____ / ____ / ____ Gender Female Male Nickname _____

Home Address _____

Parent/Guardian Name _____ Relationship _____

Signature / Consent* _____

Daytime Phone _____ Alternate Phone _____

Emergency Contact Name _____ Relationship _____

Daytime Phone _____ Alternate Phone _____

Primary Language Spoken _____

Physicians

Primary Care MD _____

Emergency Phone _____ Fax _____

Current Specialty MD _____ Specialty _____

Emergency Phone _____ 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 Procedures / Physical Exam [continued]

Medications	Significant Baseline Ancillary Findings (lab, x-ray, ECG)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	Prosthese / Appliances / Advanced Technology Devices
5. _____	_____
6. _____	_____

Management Data

Allergies: Medications / Food To Avoid	Why
1. _____	_____
2. _____	_____
3. _____	_____

Procedures To Avoid	Why
1. _____	_____
2. _____	_____
3. _____	_____

Immunization Dates (MM / YY)

DPT						Hep B					
OPV						Varicella					
MMR						TB Status					
HIB						Other					

Antibiotic Prophylaxis: _____	Indication: _____	Medication & Dose: _____
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Common Presenting Problems / Findings with Specific Suggested Managements

Problem _____

Suggested Diagnostic Studies _____

Treatment Considerations _____

Comments on Child / Family or Other Specific Medical Issues

Physician / Provider Signature _____

Print Name _____