



## Procedure/Treatment/Home Care Si usted desea esta información en español,

por favor pídasela a su enfermero o doctor.

#795

## **Emergency Information** for the Child with Special Needs

If your child needs medical help in a hurry, health care providers will need certain information right away.

Fill out this form, and always keep it with your child. When information changes, make sure you update this form. Whenever you need more blank forms, ask your nurse or doctor.

You should also keep with your child a list of medicines. When your child's medicines change, make sure to update the form. If you want a blank form, ask your nurse or doctor for handout **Medicines to Take**, #337.

Your child may need help when you are not near by. Make sure everyone who takes care of your child can find this information in a hurry. Keep copies of this form and the list of medicines everywhere you might need them, such as:

- By your home telephone
- In your travel bag
- In your car
- At your child's school
- In the homes of people you often visit with your child

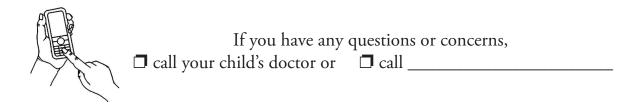
**Emergency Information** 

Date:		Birthdate:		
Name:	Nickname:	Home Phone:		
Home Address:		Signature for Consent		
Parent/Guardian:		(When you sign, this means you agree to release of this		
Language:		form to health care providers.)		
Emergency Contacts: 1. Name: 2. Name: 3. Name:	Phone: Phone: Phone:	Relationship: Relationship: Relationship: Brief		
Medical History:		Medical Equipment:		
Baseline Vital Signs:		Airway Status: ☐ Anatomy <b>allows</b> oral or nasal		
Baseline functioning:		intubation &/or ventilation. ☐ Anatomy <b>does not allow</b> oral		
Allergies:		or nasal intubation.		
Primary Physician: Phone:	FAX:	Specialty Physician: Phone: FAX:		
Specialty Physician: Phone:	FAX:	Other: Phone: FAX:		
Anticipated Emergency	Department (ED):	Medicines: ☐ None ☐ See attached list		
Anticipated Hospital (To	ertiary Care Center):			

Name of medicine Strength of medicine	Morning Time: Amount	Mid Day Time: Amount	Evening Time: Amount	Bed Time Time: Amount	Reason for medicine and notes
Screngen of medicine					and notes

If you would like a form like this one that you can fill out on a computer, go to www.aap.org/advocacy/eif.doc

You can save this Word document on your computer. Then, when you have to make a change, you can just put in the new information and print it, without filling in the whole form again.



If you want to know more about child health and illness, visit our library at The Emily Center at Phoenix Children's Hospital 1919 East Thomas Road Phoenix, AZ 85016 602-933-1400 866-933-6459 www.phoenixchildrens.org

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## Disclaimer

The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

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