

Emergency Information Form for Children With Special Needs



American College of
Emergency Physicians*

American Academy
of Pediatrics



Date form
completed
By Whom

Revised
Revised

Initials
Initials

Last name:

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:
Specialty:

Emergency Phone:

Fax:

Current Specialty physician:
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:

Last name:

Diagnoses/Past Procedures/Physical Exam continued:

Medications:

Significant baseline ancillary findings (lab, x-ray, ECG):

1.

2.

3.

4.

5.

6.

Prostheses/Appliances/Advanced Technology Devices:

Management Data:

Allergies: Medications/Foods to be avoided

and why:

1.

2.

3.

Procedures to be avoided

and why:

1.

2.

3.

Immunizations

Dates					
DPT					
OPV					
MMR					
HIB					

Dates					
Hep B					
Varicella					
TB status					
Other					

Antibiotic prophylaxis:

Indication:

Medication and dose:

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: