




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:		Emergency Phone:	
Specialty:		Fax:	
Current Specialty physician:		Emergency Phone:	
Specialty:		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:

*Consent for release of this form to health care providers

Last name:

Diagnoses/Past Procedures/Physical Exam continued:	
Medications: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">1.</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">2.</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">3.</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">4.</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">5.</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">6.</div>	Significant baseline ancillary findings (lab, x-ray, ECG): <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> Prostheses/Appliances/Advanced Technology Devices: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>

Management Data:	
Allergies: Medications/Foods to be avoided <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">1.</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">2.</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">3.</div>	and why: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>
Procedures to be avoided <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">1.</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">2.</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">3.</div>	and why: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>

Immunizations											
Dates											
DPT											
OPV											
MMR											
HIB											

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: