

In Case of Emergency

Today's Date: _____

<i>CHILD'S INFORMATION</i>		
Name:		Nickname:
Birth Date:	Primary Language/Communication:	
Home Address:		
Parents/Guardians:	Relationship:	Home #: Other #'s:
Diagnosis:		
Medications	Dose	Time
Allergies:		
Emergency Contact:	Relationship:	Phone #'s:
<i>PHYSICIAN INFORMATION</i>		
Primary Doctor:	Phone:	Fax:
Specialist:	Phone:	Fax:
Specialist:	Phone:	Fax:
Insurance:		
<i>HOSPITAL INFORMATION</i>		
Name: Address:		Phone: ER Phone:
<i>PHARMACY INFORMATION</i>		
Name: Address:		Phone:
<i>OTHER</i>		
Most Important Things to Know About My Child in an Emergency:		

Copies of this form are available at <http://www.cshcn.org>