

Emergency Information for:

Name: _____

Today's Date (mm/dd/yy): _____

Birth Date (mm/dd/yy): _____

Primary Language: _____

Address: _____

Parents/Guardians Phone Numbers

_____ H: _____

_____ W: _____

_____ C: _____

_____ H: _____

_____ W: _____

_____ C: _____

Diagnosis

Diagnosis: _____

Medications: Dose Time

Allergies: _____

Emergency Contact – Relationship/Phone#

Doctor's Information

Main Doctor: _____

Phone: _____ Fax: _____

Specialty Doctor: _____

Phone: _____ Fax: _____

Specialty Doctor: _____

Phone: _____ Fax: _____

Hospital: _____

Phone: _____ ER: _____

Pharmacy: _____

Phone: _____

Insurance: _____

Most Important Things to Know About Me in an Emergency

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

Directions:

1. Fill in and/or print form
2. If you have Acrobat Reader 8.0 or higher, you may save this PDF for future edits (visit Adobe's site to [download the newest version of Acrobat Reader](#))
3. Cut on heavy dashed lines
4. Fold on dotted lines to fit in wallet