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:

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Medications: Dose Time

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Allergies:

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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:

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Most Important Things to Know About Me in an Emergency

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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

Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

Center for Children with Special Needs
www.cshcn.org

Washington State Department of Health