



EMERGENCY INFORMATION FORM

For Children with Special Needs

Provide copies of this form to your child's school, daycare provider and physicians

Dial 9-1-1 for All Emergencies (Police, Fire, and Ambulance)

For non-emergencies: Police: _____ Fire: _____

Child's Name:	
Nickname:	Birthdate:
Home Address:	
Home/Cell Phone:	
Parent/Guardian:	Parent/Guardian:
Address:	Address:
Home/Work Phone:	Home/Work Phone:
Name of School:	Emergency Contact Names & Relationship:
Address:	Address:
Phone Number:	Phone Number(s):
Primary Language/Language Limitations:	
Primary Care Physician:	
Emergency Phone Number:	
Specialty Physician:	Specialty:
Emergency Phone:	
Specialty Physician:	Specialty:
Emergency Phone:	
Hospital Phone Number:	Walk-in Clinic Phone Number:
Name of Pharmacy:	
Phone Number:	
Address:	
Do you have a Medical Power of Attorney?	Name:
	Address:
	Phone:

Diagnoses:

Notes:

1.	
2.	
3.	
4.	
5.	



Medications	Dosage	How Often	Notes
1.			
2.			
3.			
4.			
5.			

Management Data

Allergies: Medications/Foods to be avoided	Why:
1.	
2.	
3.	
4.	
Required Equipment:	Notes:
1.	
2.	
3.	
4.	

Insurance Information

Provider:	Phone Number:
Group Number	ID Number:
Provider:	Phone Number:
Group Number:	ID Number:

Notes: