

Emergency Information Form for Children With Special Needs



**American College of
Emergency Physicians**

**American Academy
of Pediatrics**



Date
completed
By Whom

form Revised
Revised

Initials
Initials

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 Exams:	
1.	Baseline Physical Findings:
2.	
3.	Baseline Vital Signs:
4.	
Synopsis:	Baseline Neurological Status: