



Emergency Information Form

<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's Name	Nickname	Language Spoken/Understood
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date	Today's Date	Completed By
<input type="text"/>	<input type="text"/>	<input type="text"/>
Height	Weight	Hair/Eye Color
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Blood Type	Identifying Marks
<input type="text"/>	<input type="text"/>	
Child's Address	Parent's/Guardian's Name and Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Home Email	Work Phone
<input type="text"/>	<input type="text"/>	Work Email
		Mobile Phone
		<input type="text"/>

The most critical information to know about my child is:

-
-
-
-
-

Communication (critical issues):

Key personality traits:

Key signs of normal function:

Potentially life threatening conditions:

Conditions needing constant attention:

Medicines: N/A Takes medicines. See separate list on Medical Information Form.

Life sustaining medicines:

OK for my child to skip a dose of these medicines:

Medical or adapted equipment: N/A Uses equipment. See separate list on Medical Information form.

Special Diet: N/A See Medical Information form.

My child is is not wearing a Medical Alert.

Planning documents for life threatening condition:

Fill in form with a computer



[Redacted]

Is there a custody agreement?

[Redacted]

Who has custody?

[Redacted]

Court Order Number

[Redacted]

Primary Emergency Contact

[Redacted]

Secondary Emergency Contact

[Redacted]

Home Phone

[Redacted]

Work/Mobile

[Redacted]

Home Phone

[Redacted]

Work/Mobile

[Redacted]

Address

[Redacted]

Address

[Redacted]

Health Insurance Company

[Redacted]

Policy Number

My child normally needs a caregiver, baby sitter or personal care assistant (PCA) hours / week all the time.

During a disaster or emergency my child is likely to need help or support in the following areas:

Communicating, Reading, Writing, Thinking:

[Redacted]

Behavior Management and Mood:

[Redacted]

Hearing and Sight:

[Redacted]

Mobility, Movement and Physical Stamina:

[Redacted]

Taking Medicines and Monitoring Medical Conditions:

[Redacted]

Activities of Daily Living (dressing, grooming, tooth brushing, bathing, toileting, eating, drinking, sleeping):

[Redacted]

Service Animals:

[Redacted]

Transportation:

[Redacted]

Cultural Practices:

[Redacted]

Other Information:

[Redacted]