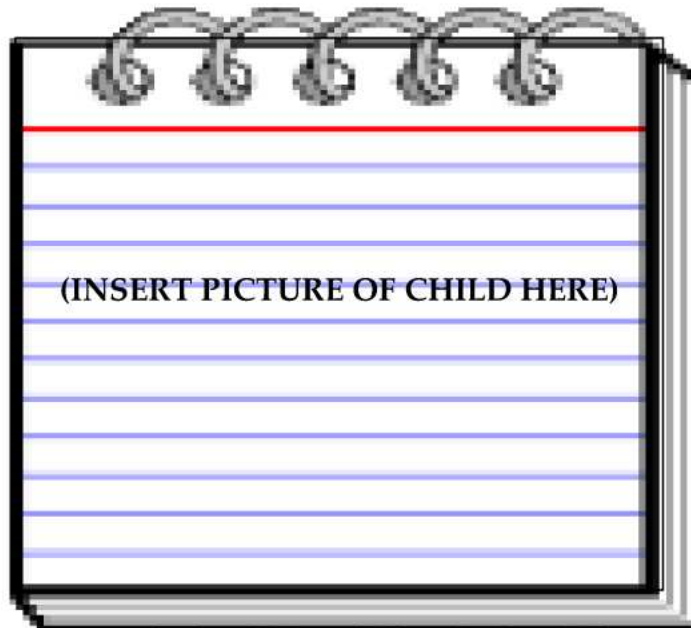




CHILD GUIDEBOOK



CHILD EMERGENCY CONTACT FORM, MEDICAL AND EDUCATIONAL PROFILE

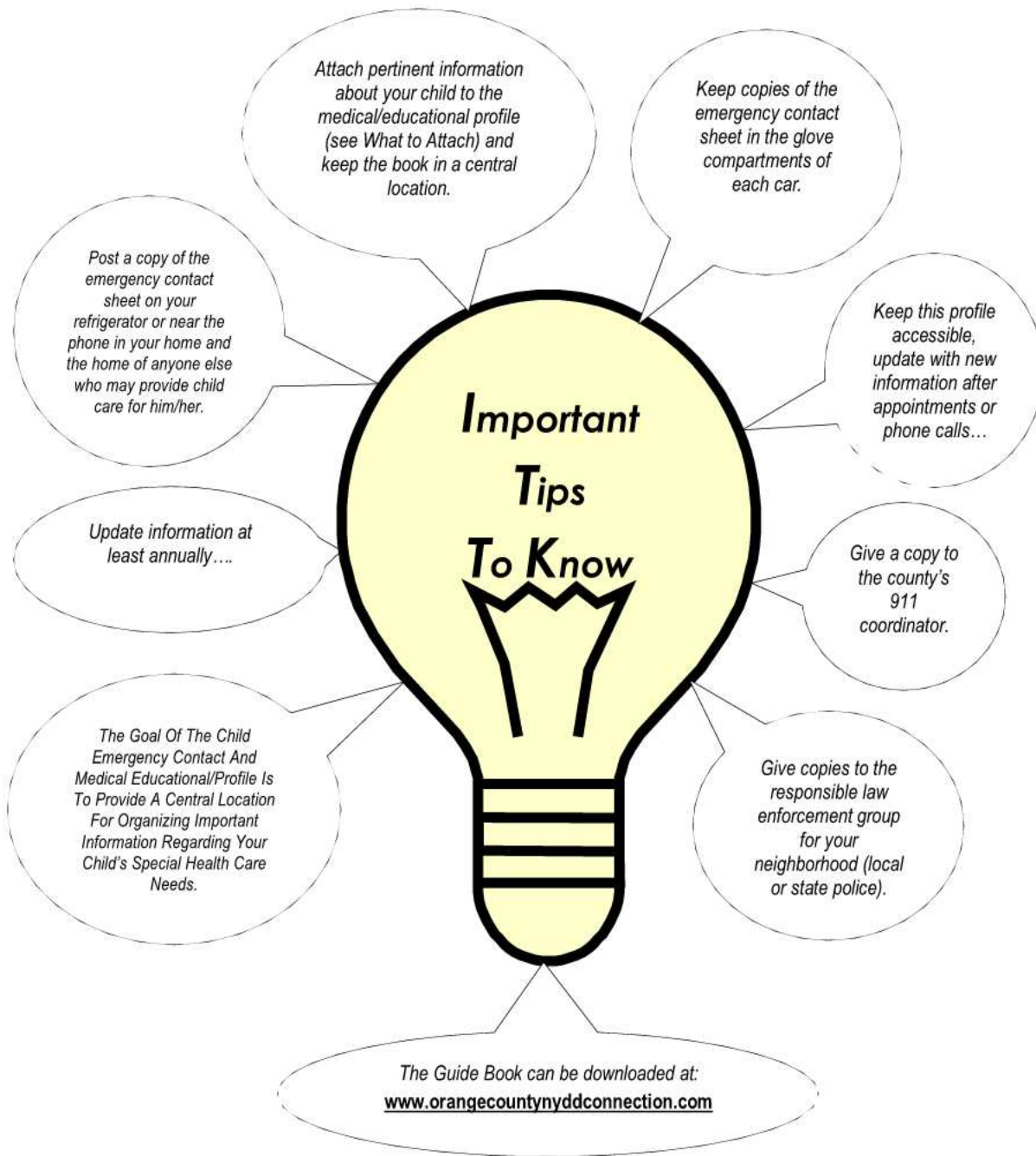
The goal of the guide is to provide a central location for organizing important information regarding your child. This Child Guide Book includes an emergency information cover sheet and template for consolidating medical, educational and daily living information for families to use but more importantly, for others to use in the event of an emergency. The information should be written for a reader that does not understand autism and does not know your child.

Disclaimer: The information contained herein is provided as a service and is intended for informational purposes only. Please contact service providers for specific information pertaining to yourself or child.



Autism In Orange County: Autism Resource Kit

www.orangecountynyddconnection.com



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CHILD EMERGENCY CONTACT FORM AND MEDICAL EDUCATIONAL PROFILE

Child's Name:			Date of Birth:		Diagnosis:		Preferred Language:		
Address:					Cross Streets:				
City:			State:		Zip:		Home Phone:		
Sex:	Hair:	Eyes:	Height:		Weight:		Ethnicity:		
Parent's/Guardian's Name:			Relationship to Child:		Parent's/Guardian's Name:			Relationship to Child:	
Address: (If different from above)					Address: (If different from above)				
Home Phone: ()	Work Phone: ()	Cell Phone: ()		Home Phone: ()	Work Phone: ()	Cell Phone: ()			
Alerts:									
Communication: <i>(examples: nonverbal, will not make eye contact, uses picture board, uses sign language.)</i>									
For those that run/wander list places or type of environment where child might be found.									
List the types of behaviors that will attract attention:									
In the event of an emergency evacuation/fire this child will need: <i>(examples: Child needs to be pick up and brought outside.)</i>									
Emergency Evacuation Instructions: <i>(i.e. pick up child)</i>									
Hospital/Clinic Preference:					Religious Affiliation:				
Medications:									
Allergies/Special Health Considerations:									

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MEDICAL AND EDUCATIONAL PROFILE		
Health Insurance/Medical Information		
Primary Insurance Company:	Policy Number:	Policy Holder:
Address:	Phone Number: ()	Fax Number: ()
Notes:		
Secondary Insurance Company:	Policy Number:	Policy Holder:
Address:	Phone Number: ()	Fax Number: ()
Notes:		
Health Care Provider Information:		
Physician's Name:	Name of Medical Practice:	
Address:	Phone Number: ()	Fax Number: ()
Notes:		
Physician's Name:	Name of Medical Practice:	
Address:	Phone Number: ()	Fax Number: ()
Notes:		
Other Specialists/Therapists:		
Name:	Name of Practice/Agency:	
Address:	Phone Number: ()	Fax Number: ()
Notes:		

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Other Specialists/Therapists: <i>(continued)</i>					
Name:		Name of Practice/Agency:			
Address:		Phone Number: ()		Fax Number: ()	
Notes:					
Name:		Name of Practice/Agency:			
Address:		Phone Number: ()		Fax Number: ()	
Notes:					
Pharmacies:					
Pharmacist:		Mail Order Pharmacy:		Other:	
Phone: ()	Fax: ()	Phone: ()	Fax: ()	Phone: ()	Fax: ()
Address:		Address:		Address:	
City, State, Zip		City, State, Zip		City, State, Zip	
Notes:		Notes:		Notes:	
Durable Medical Equipment Supplier:					
Company/Contact:		Company/Contact:		Company/Contact:	
Phone: ()		Phone: ()		Phone: ()	
Address:		Address:		Address:	
City, State, Zip		City, State, Zip		City, State, Zip	
Equipment/Supplies:		Equipment/Supplies:		Equipment/Supplies:	
Notes:		Notes:		Notes:	

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Financial Information:		
SSI (Supplemental Security Income):		
Contact Name:	ID/Benefit Number:	Policy Holder:
Address:	Phone Number: () 	Fax Number: ()
Notes:		
MEDICAID:		
ID Number:	Benefit Number:	Policy Holder:
Address:	Phone Number: () 	Fax Number: ()
Notes:		
Legal Information:		
Name of Legal Practice:		
Attorney Name:	Phone Number: () 	Fax Number: ()
Address:	City, State:	Zip:
Notes:		
Name of Legal Practice:		
Attorney Name:	Phone Number: () 	Fax Number: ()
Address:	City, State:	Zip:
Notes:		

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Home School District Information:		
School Name:	Principal's Name:	School District:
Address:	City, State, Zip:	
Phone:	Fax:	
Notes:		
<u>Chairperson of CPSE/CSE:</u>	<u>Director of Pupil Personnel:</u>	<u>Other: (specify)</u>
Name:	Name:	Name:
Phone: ()	Phone: ()	Phone: ()
Address:	Address:	Address:
City, State, Zip	City, State, Zip	City, State, Zip
Notes:	Notes:	Notes:
Transportation Information:		
Contact:	Phone:	Email:
Notes:		
School Placement Information:		
School Name:	Principal's Name:	Phone:
<u>School Teacher:</u>	<u>School Psychologist:</u>	<u>School Nurse:</u>
Name:	Name:	Name:
Phone: ()	Phone: ()	Phone: ()
Email:	Email:	Email:
Notes:	Notes:	Notes:

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School Placement Information: <i>(if not in district)</i>		
School Name:	Principal's Name:	School District:
Address:	City, State, Zip:	
Phone:	Fax:	
Notes:		
Other Key School Personnel:		
<u>School Teacher:</u>	<u>School Psychologist:</u>	<u>School Nurse:</u>
Name:	Name:	Name:
Phone: ()	Phone: ()	Phone: ()
Email:	Email:	Email:
Notes:	Notes:	Notes:
<u>Other: (specify)</u>	<u>Other: (specify)</u>	<u>Other: (specify)</u>
Name:	Name:	Name:
Phone: ()	Phone: ()	Phone: ()
Email:	Email:	Email:
Notes:	Notes:	Notes:
Transportation Information:		
Contact:	Phone:	Email:
Notes:	City, State, Zip:	
Phone:	Fax:	
Notes:		
Other Services or Care Providers:		
Company/Contact:	Company/Contact:	Company/Contact:
Phone: ()	Phone: ()	Phone: ()
Address:	Address:	Address:
City, State, Zip	City, State, Zip	City, State, Zip
Notes:	Notes:	Notes:

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Attach Important Info To The Medical/Educational Profile

Examples:

- Copies of Health Insurance Cards
- Listing of Surgeries, Hospitalizations, Medical Procedures
- Medication Sheets
- Lab Work/Tests/Procedures
- Plan of Care and activities of daily living
(What are the things someone would need to do for your child.)
- Current IEP
- Past IEP's (within the last two years)
- All diagnosis's from professionals
- All educational testing results