# EXAMPLE EMERGENCY INFORMATION FORM FOR CHILDREN

American College of Emergency Physicians® American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN®

## PERSONAL AND IDENTIFICATION INFORMATION

**Name (First, Middle, Last, Suffix):**_____ **Birth Date:** _____
**Preferred Name/Nickname:** _____ **Preferred Pronouns:** _____
**Primary (preferred) Language):** _____ **Preferred Mode of Communication:** _____
**This form last updated (date):** _____
**Address:** _____
**Phone:** _____ **Moblie** ☐ **Mark if preferred**
**Phone:** _____ **Home** ☐ **Mark if preferred**
**Phone:** _____ **Other.** ☐ **Mark if preferred**
**Email:** _____
**Consent for completion and use by emergency personnel (signature including electronic signature):**
_____

## INITIAL ENCOUNTER INFORMATION

**Advance Directives/Code Status:** _____
**Allergies (food, medicine, latex, environmental):** _____
**Procedures and treatments to be avoided:** _____
_____
_____

**Management to initiate emergently:** _____
_____
_____

**Techniques that promote calming in the child:** _____
_____

**Baseline functional/mental status:** _____

**Baseline vital signs: Weight** ____ **kg Height** _____ **HR** _____ **RR** _____ **BP** _____ **$SpO_2$** _____

**Prostheses:** _____

**Indwelling devices (include tube sizes):** _____

**Technologies:** _____

**Respiratory supports (include baseline $FiO_2$ and ventilator settings):** _____

## CAREGIVERS/EMERGENCY CONTACTS

**Name:** _____ **Responsible Party (Y/N)**

**Relationship:** _____

**Primary/Preferred Language:** _____

**Name:** _____ **Responsible Party (Y/N)**

**Relationship:** _____

**Primary/Preferred Language:** _____

**Preferred Phone Number: _____**

**Alternate Phone Number: _____**

**Address: _____**

**_____**

**Email: _____**

**Name: _____ Responsible Party (Y/N)**

**Relationship: _____**

**Primary/Preferred Language: _____**

**Preferred Phone Number: _____**

**Alternate Phone Number: _____**

**Address: _____**

**_____**

**Email: _____**

**Preferred Phone Number: _____**

**Alternate Phone Number: _____**

**Address: _____**

**_____**

**Email: _____**

**Name: _____ Responsible Party (Y/N)**

**Relationship: _____**

**Primary/Preferred Language: _____**

**Preferred Phone Number: _____**

**Alternate Phone Number: _____**

**Address: _____**

**_____**

**Email: _____**

**MEDICAL SUMMARY**

**Current Problem List and Diagnoses (include current status and treatment for each):**

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

**CURRENT MEDICATIONS (include dosage and frequency)**

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

**PROCEDURES/SURGERIES**

**Procedure:** _____ **Date performed:** _____

**Procedure:** _____ **Date performed:** _____

**Procedure:** _____ **Date performed:** _____

**RECENT RESULTS:**

**Laboratory:** _____

**Imaging:** _____

**Immunizations:** _____

**MEDICAL PROFESSIONALS (Primary Site of Tertiary Care Services): _____**

**Name _____ Primary Provider/Medical Home: ○Yes ○No**

**Specialty: _____ Phone(s): _____**

**Practice Name: _____**

**Address: _____ Email: _____**

**Name _____ Primary Provider/Medical Home: ○Yes ○No**

**Specialty: _____ Phone(s): _____**

**Practice Name: _____**

**Address: _____ Email: _____**

**Name _____ Primary Provider/Medical Home: ○Yes ○No**

**Specialty: _____ Phone(s: _____**

**Practice Name: _____**

**Address: _____ Email: _____**

**Name _____ Primary Provider/Medical Home: ○Yes ○No**

**Specialty: _____ Phone(s): _____**

**Practice Name: _____**

**Address: _____ Email: _____**

**Name _____ Primary Provider/Medical Home: ○Yes ○No**

**Specialty: _____ Phone(s): _____**

**Practice Name: _____**

**Address: _____ Email: _____**

**PHARMACIES**

**Pharmacy Name _____ Preferred Pharmacy: ◯Yes ◯No**

**Address: _____**

**Phone: _____**

**Pharmacy Name _____ Preferred Pharmacy: ◯Yes ◯No**

**Address: _____**

**Phone: _____**

**Pharmacy Name _____ Preferred Pharmacy: ◯Yes ◯No**

**Address: _____**

**Phone: _____**

**HOME CARE PROVIDER**

**Company Name _____ Phone: _____**

**Address: _____**

**_____**

**Email or other contact: _____**

**OTHER PERTINENT INFORMATION:**

**_____**

**_____**

**_____**

**_____**

**_____**

**_____**

**_____**