 Emergency Planning Medical Form

Emergency Information

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| Child’s Name: Sex: Male Female Other |
| Birth Date: Approximate Weight: lb Kg  |
| Address:  |
| Emergency Contact 1: Relationship: Phone #:  |
| Emergency Contact 2: Relationship:Phone #:  |
| Hospital Facility Preference: |
| Subspecialty Care Provider: Specialty: Phone #:  |
| Primary Care Provider: Phone #: |
| Child-Specific Emergency Instructions/Protocols: Yes/No \*If yes, see paperwork\* |
| Presence of DNR/Limitations: Yes/No \*If yes, see paperwork\* |

Allergies

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| --- |
| Allergies and Reactions: |

Diagnoses

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| --- |
| Describe Child’s Medical Diagnoses:  |

Medications

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| --- |
| Current Medications: |

Medical Equipment

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| --- |
| List Any Medical Equipment (Settings, Sizes, etc.): |

Things to Avoid

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| --- |
| Procedures, Words, Noises, Positions: |

Comforting or Calming Things

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| --- |
| Objects, Words, Sounds, Songs, Medications: |

Anything that may help in case of an emergency

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**This form must be completed and submitted by the parent/legal guardian of the child.**

Permission to share your child’s information with (name of school district) and (name of EMS agency/organization), and any hospital destination in case of an emergency.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_

**By consenting to share your child’s information with the above school district and EMS agency, you also consent to the information being shared with additional EMS agencies and air ambulances (e.g., Med Flight, Spirit, Flight For Life) if necessary during emergency situations.**

**Additional Forms Included (check all that apply)**

\_\_\_\_\_\_\_Emergency Care Instructions \_\_\_\_\_\_\_DNR Form \_\_\_\_\_\_\_Medication List \_\_\_\_\_\_\_Other