



## Emergency Information Form

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

### The most critical information to know about my child is:

1.

2.

3.

4.

5.

### 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:



Is there a custody agreement?                      Who has custody?                      Court Order Number

Primary Emergency Contact    Secondary Emergency Contact

Home Phone                      Work/Mobile    Home Phone                      Work/Mobile

Address    Address

Health Insurance Company    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:

Behavior Management and Mood:

Hearing and Sight:

Mobility, Movement and Physical Stamina:

Taking Medicines and Monitoring Medical Conditions:

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

Service Animals:

Transportation:

Cultural Practices:

Other Information: