

EMERGENCY INFORMATION FORM INSTRUCTIONS

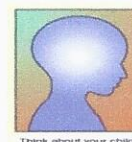
Follow these instructions to complete the Emergency Information Form

The **Emergency Information Form** asks for 3 kinds of information.

(1) **Personal Information:** Identifying information about your child. Information about custody, emergency contacts and health insurance. This information is at the top of both pages.

(2) **Critical Information:** The most important information you want to share about your child is in the yellow box on the front of the form. We suggest that you fill in this section of the form *last*.

(3) **Help and Support Needs:** The key supports, help and care your child is likely to need in an emergency. This information is on the back of the form. You may want to repeat some of this information in the **Critical Information** section.



Think about your child

Emergency Help and Supports Checklist

Use the checklists below to think about your child’s needs. *Later*, add the most important information from the checklists to the **Critical Information Box** and the **Help and Support Needs** sections on both sides of the **Emergency Information Form**.

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

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

- **Communication, Reading, Writing, Thinking** (speaking or understanding)

- My child communicates by:

• speech	• electronic communication device
• sign language	• communication notebook
• vocalization	• typing on the computer
• gesture	• artificial larynx
• pointing to letters	• writing
• pointing to words	• other:
• pointing to pictures	

- My child’s communication is understandable
 - all the time
 - some of the time
 - only to those who know him or her well
 - not understandable
- The best way for you to communicate with my child is:

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- My child needs extra time to respond.
 - My child needs sign language interpretation.
 - My child can read lips.
 - My child may become confused when dealing with unfamiliar or unusual activities.
 - My child needs directions explained in simple steps or basic concepts.
 - My child has problems following directions.
 - My child has problems remembering things.
 - My child _____ can _____ cannot read.
 - My child needs Braille.
 - My child needs large print.
 - My child can't read but understands recorded materials.
 - My child needs someone to read and explain information to him or her.
 - My child _____ can _____ can't write with a pencil or pen.

○ **Behavior Management and Mood**

- My child's mood can change quickly.
- My child has a hard time adjusting to new places or new people.
- My child has a hard time adjusting to crowded or noisy rooms.
- My child may act impulsively.
- My child has a hard time adjusting to changes in routine.
- My child may not show his or her feelings in his or her facial expression.
- If my child is afraid he or she may show it by:

○ If my child is in pain he or she may show it by:

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- My child _____ can _____ can't tell me where the pain is.
 - If my child is nervous he or she may show it by:

○ If my child is happy he or she may show it by:

○ If my child feels sad he or she may show it by:

○ To help my child feel calm you may need to:

○ To help my child feel safe you may need to:

○ **Hearing and Sight**

- My child has low vision or is blind.
- My child wears eye glasses.
- My child has trouble seeing even with glasses.
- My child uses a white cane for walking.
- My child needs help getting around even with a white cane.
- My child has a service animal.
- My child can walk by holding onto a sighted person's arm.

- My child needs someone to help orient him or her to the layout of new places.
- My child is deaf or hard of hearing.
- My child wears hearing aids.
- My child understands and can communicate via sign language.
- My child can read lips.

○ **Mobility/Movement and Physical Stamina**

- My child walks independently.
- My child walks independently while using a _____ walker _____ cane _____ crutches.
- My child needs help when walking with his or her _____ walker _____ cane _____ crutches.
- My child can walk while holding onto someone's hand.
- My child can walk very short distances with a lot of help from an adult.
- My child can't walk independently and uses a _____ manual _____ power wheelchair independently.
- My child can't walk independently and needs someone to push the manual wheelchair.
- My child is at risk for falling.
- My child tires easily and needs to rest often.
- My child has poor balance or coordination.
- My child needs someone to help him or her get into different sitting or lying positions.
- Sometimes my child's body moves in ways she or he can't control.
- My child may lose his or her sense of direction or has a poor sense of direction.
- My child needs help moving from one wheelchair to another.
- My child needs a lift or transfer board to transfer from one place to another. If a lift or transfer board is not available my child will need _____ people to help him or her for a safe transfer.
- My child can walk up and down stairs by himself or herself.
- My child can walk up and down stairs with help.
- If my child needs to be carried, the best way to carry him or her is:

- It is **unsafe** to use the firefighter's carry with my child.
- My child needs help getting in or out of bed.
- My child needs help getting in or out of a chair.

○ **Taking Medicine and Monitoring Medical Conditions**

- My child can take his or her medicine independently.
- My child needs to be reminded to take medicine.
- My child needs someone to prepare his or her medicine.
- My child needs someone to give him or her medicine.
- My child has a medical condition that is unstable or needs constant adult attention.
[You will be able to share more information about this on the **Medical Information Form.**]

- My child has a medical condition that is unstable or needs constant adult attention. He or she can self-monitor. [You will be able to share more information about this on the **Medical Information Form.**]
- My child needs help with ongoing medical therapy (e.g. IV therapy, catheterization, ostomy, wound care): _____
- My child needs certain essential medical supplies (other than medicine): _____
[You will be able to give a complete list of medical supplies on the **Medical Information Form.**]
- My child has a medical device implant (e.g. heart defibrillator, pacemaker, vagus nerve stimulator, Baclofen pump): _____
- My child uses adapted equipment or assistive technology, such as a wheelchair, a communication device, adapted cup, feeding tube, technology to breathe, etc. (You will create a complete list of durable medical goods, assistive technology and medical supplies in the **Medical Information Form.**)

- **Activities of Daily Living**
 - **Dressing and Grooming**
 - My child needs help dressing and undressing.
 - My child needs help buttoning or fastening clothes.
 - My child needs help with grooming (such as hair brushing).
 - My child needs verbal reminders with dressing or grooming.

 - **Tooth Brushing and Bathing**
 - My child needs help brushing his or her teeth.
 - My child can brush his or her teeth independently.
 - My child needs verbal reminders to brush his or her teeth.
 - My child can shower or bathe independently.
 - My child needs help bathing or showering.
 - My child uses adapted equipment to shower or bathe.

 - **Toileting**
 - My child wears disposable underwear or diapers.
 - My child may have bathroom accidents.
 - My child needs help changing underwear.
 - My child needs an adapted toilet or a toilet with handholds.
 - My child needs to be catheterized every _____ hours.
 - My child's ostomy bag needs to be emptied every _____ hours.
 - My child needs to be taken to the bathroom every _____ hours.
 - My child needs help undressing or dressing in the bathroom.
 - My child needs help wiping or cleaning him or herself.
 - My child needs help sitting on the toilet or getting up from the toilet.
 - My daughter needs help when she has her period.

- Once seated on the toilet my child can be by himself or herself until ready to get up.
- My son _____ sits to urinate _____ stands independently to urinate _____ needs help to stand to urinate.

○ **Eating/Drinking**

- My child needs a special diet:

- My child needs special drinks:

- My child is fed through a tube.
- My child wears a dental appliance that impacts eating or drinking.
- My child can feed him or herself independently.
- My child needs someone to feed him or her.
- My child needs an adapted utensil or bowl.
- My child needs an adapted cup and/or straw.
- My child does not handle hot foods well; food should be warm.
- My child is a choking risk.
- It is difficult for my child to eat liquid foods like soup.
- My child needs his or her food cut into small pieces (about the size of _____)

○ **Sleeping**

- My child needs help getting in and out of bed.
- My child needs a special bed, like a hospital bed.
- My child needs bed rails, the head of the bed raised or other bed adaptations.
- My child has a condition that requires monitoring during the night (e.g. seizures, apnea, breathing):

- My child needs to be repositioned while he or she sleeps.
- During the night, my child needs:

(for example, medicine, water, to be woken up to use the toilet, etc.)

○ **Service Animals**

- My child uses a service animal. Name and kind of animal: _____
- This is how he or she uses the service animal:

- My child's service animal does not adapt well to emergencies.
- My child will need help while the service animal adjusts.

○ **Transportation**

- My child needs transportation that will accommodate his or her wheelchair.
_____ My child has a manual wheelchair which can be folded for transport.
_____ My child has a power wheelchair and will need to be transported in a vehicle with a lift.
- My child has a power wheelchair and a manual chair (in an emergency a manual chair is preferred).
- Bring my child’s adapted or medical equipment and supplies when transporting him or her.
- My child can sit in a bus or car without a car seat or other adaptation.
- My child needs specialized seating in a car or bus.

○ **Cultural/ethnic/religious practices**

- Important cultural practices you should know about my child are (for example, “my child doesn’t eat pork and eats only Halal meat,” “my child needs to follow our family religious practice and wash her hands in a certain way before she eats,” “my child has been taught not to look directly at a person of the opposite sex,” “my child eats with her hands-this is a cultural custom”):

○ **Other Information:**
