Emergency Information Fo	orm			
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 t				
2.				
3				
4				
5				
Communication (critical issues):_				
Key personality traits:				
Key signs of normal function:				
Potentially life threatening conditions:				
Conditions needing constant atten				
Medicines:N/A Takes Life sustaining medicines:	s medicines. See separate list	on Medical Information Form.		
OK for my child to skip a dose of	these medicines:			
Medical or adapted equipment:	N/A Uses speciali	zed equipment. See separate list on Medical		
Information Form.				
Special Diet:N/ASpec	cial diet. See Medical Inform	ation Form.		
My childisis not wearing a Medical Alert.				
Planning documents for life threatening condition:				

Is there a custody agreement? Who has cu	ustody? Co	ourt Order Number	
Primary Emergency Contact	Secondary Emerg	Secondary Emergency Contact	
Home Phone Work/Mobile	Home Phone	Work/Mobile	
Address	Address		
Health Insurance Company:	Policy Nur	Policy Number:	
my child normally needs a caregiver, baby hours/weekall the time. During a disaster or emergency my following areas:	child is likely to need	I help or support in the	
Communicating, Reading, Writing, I hinking:			
Behavior Management and Mood:			
Hearing and Sight:			
Taking Medicines and Monitoring Medical Cond	itions:		
Activities of Daily Living (dressing, grooming, to		ng, eating, drinking, sleeping):	
Service Animais:			
Transportation:			
Cultural Practices:			
Other Information:			