**EMERGENCY FACT SHEET**

**IN A TRUE EMERGENCY, CALL 911**

|  |  |
| --- | --- |
| **Child’s Name:**  | **Primary Parent/Guardian:** |
| **Primary Address:**  | **Primary Phone Number:** |

**Insurance Coverage:**

**Type:**

**Member ID #:**

**Personal Identification:**

**Birth Date:**       **Sex: M F**

**Height:**       **Weight:**       **Eye Color:**       **Hair Color:**

**Distinguishing Features:**

**Emergency Contacts:**

|  |  |
| --- | --- |
| **Name:**  | **Relationship:**  |
| **Address:**  | **Phone #** |

|  |  |
| --- | --- |
| **Name:**  | **Relationship:**  |
| **Address:**  | **Phone #** |

**Medical Professionals:**

|  |  |
| --- | --- |
| **Primary Care Doctor:**  |  **Hospital Affiliation:**  |
| **Address:**  | **Phone:**  |
| **Dentist:** | **Phone:** |

**Things you should know about my child**

**My child has the following medical conditions:**

**My child has the following allergies:**

**My child takes these Medications:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication** | **Dose and Frequency** | **Reason for Medication** | **Possible Side Effects** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**My child wears a Safety Net Device: Yes No If yes, please list device information:**

**My child will respond to someone calling their name: Yes No If the answer is no how should someone get their attention?**

**Please list any challenging issues and/or concerns that you want someone to know if they are trying to support your child in an emergency:**

**Likes and Dislikes**

**My child likes and responds well to:**

**My child does not like and will respond negatively to the following:**

Recent Picture – update annually